

COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR

1953

ON THE

**HEALTH, WELFARE AND
SCHOOL HEALTH SERVICES**

K. VICKERY, M.D., M.A.C.S., D.P.H.

Medical Officer of Health

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PUBLIC HEALTH DEPARTMENT,
AVENUE HOUSE,
EASTBOURNE.

July, 1954.

*To His Worship the Mayor and to the Aldermen and Councillors of
the County Borough of Eastbourne*

MR. MAYOR, LADIES AND GENTLEMEN:

I have the honour to present to you the Annual Report for the year 1953, being the sixty-second in the series, on the state of the Public Health in Eastbourne.

In addition to accounts of the work of the department in connection with the Council's responsibility as local health authority and welfare authority, the report embraces for the first time under one cover my report as Principal School Medical Officer. Whilst it is hoped that some economy may result, my main object in so doing is to reflect the close integration of the school health and public health services which exists in the department and to provide that an account of all the Council's health and welfare services may be conveniently found in one volume.

A number of vital statistics are included in the report which accord very closely with those of the previous year and, insofar as they may be regarded as an indication of the health of the community, it is clear that Eastbourne continues to compare very favourably with other towns. I find it difficult to understand, however, why the estimated mid-year home population should be lower—albeit by a trifle but we must accept the Registrar-General's statement that it is so. Even more curiously the present figure of 57,190 stands lower by 5,689 than the population recorded in 1921.

It is distressing to note that there were seven deaths from motor vehicle accidents and sixteen from other accidents. All these must be regarded as essentially preventable and must serve to encourage greater activity by way of education towards the inculcation of a sense of responsibility and intelligent anticipation among the rising generation.

Most of the available statistics relate to life and death. Apart from the financial evidence of the enormous demands made on the curative services provided under the National Health Service Act, one of the few reliable indications of the extent of morbidity in the community is the return of local persons in receipt of sickness benefit which Medical Officers of Health receive by courtesy of the Ministry of Labour and National Service.

An analysis of the local figures shows on average that, at any given time and disregarding all the many absences for periods of less than three days, approximately one in twenty of the working population is off work on the strength of a doctor's certificate. In the Corporation alone as the biggest employer of labour this is a matter of no small concern.

Whilst sheer economic necessity is directing more and more attention to the possibilities of preventive medicine, the desire for the prevention of illness with all its attendant misery must surely spring from higher motives.

There is to my mind sufficient evidence to indicate that all disease is largely preventible—at least during what is normally regarded as the active span of life. It is also becoming increasingly clear that habits of everyday living affect very closely the state of health of the individual—and, as we might expect, the eating habit has by far the greatest influence on health.

The recent memorandum drawn up by eminent members of the British Dental Association lends powerful support to these views and will be of great encouragement to local health authorities in planning and carrying out health education of the public towards healthy ways of living.

The greatest advances in Public Health in the past century have resulted from attention to sanitation and environmental hygiene. It is felt that future progress will largely emerge from consideration of the personal living habits of the individual.

Whilst matters of sanitation and hygiene will inevitably require overall supervision by the medical officer of health, it is fortunate that much of the day to day work has become the province of the sanitary engineer and sanitary inspector, enabling the medical officer to devote a greater part of his time to the personal health services.

Whilst co-operation between the three main parts of the National Health Service is very cordial and close at officer level, there is, unfortunately, as yet, no single authority responsible for co-ordinating, planning and mobilising the health and welfare services of this or any other town or county. Each part inevitably makes its ever increasing demands on the national resources, largely without regard to the others.

The ratepayer may, for instance, be told that it is very desirable for him to help pay for more home nurses and home helps in order that more people may be treated in their own homes, but he has no assurance whatever that in so doing he will be relieved of some taxes from his other pocket by a lessened demand for hospital beds. Similarly, at a time when the total number of nurses available is severely limited by the low birth rates of the inter-war years, local

authorities and hospital authorities compete together without regard to the desirability of making the most effective use of those available.

Joint Health Consultative Committees were formed with a view to furthering co-ordination of the services, but local experience seems to indicate that whilst such a committee provides a useful platform for members to "let off steam" it nevertheless lacks any executive power and is, in consequence, largely ineffectual.

Among activities designed to increase co-operation between the Public Health Department and the general practitioners a weekly bulletin to doctors was instituted during the year. This memorandum contains details of notifications of infectious disease together with particulars of new services and changes in existing services as they arise.

I would like, Mr. Mayor, most sincerely, to thank you and members of the Council, the Town Clerk and my fellow chief officers for the friendliness, encouragement and support shown to me during my first year in office.

My thanks are also due to the staff of the Public Health Department for their loyal help and also for their contributions to this and other reports which came before you during the year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

K. VICKERY,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1953)

The Mayor:

Alderman ERNEST CLAUDE MARTIN, J.P.

Chairman:

Councillor EDWARD PAXON

Deputy Chairman:

Councillor W. H. BENSON-DARE

Alderman:

Miss E. M. THORNTON, J.P.

Councillors:

W. E. HAFFENDEN

Mrs. W. L. LEE

W. A. NEALE

F. A. POPE

Mrs. I. A. SNELL

HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1953)

The Mayor:

Alderman ERNEST CLAUDE MARTIN, J.P.

Chairman:

Councillor S. F. MARTIN

Deputy Chairman:

Councillor F. SWAIN

Alderman:

S. M. CAFFYN

Councillors:

W. H. BENSON-DARE

Mrs. E. V. F. FORDHAM

S. W. HOLDEN

W. A. NEALE

P. G. WOOD

Co-opted Members:

Mr. D. R. GENT —Eastbourne Executive Council

Dr. J. EMSLIE —Eastbourne Local Medical Committee

Mr. S. R. TOMSETT—Eastbourne Hospital Management Committee

WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1953)

The Mayor:

Alderman ERNEST CLAUDE MARTIN, J.P.

Chairman:

Councillor W. P. LEBBON

Deputy Chairman:

Alderman Miss E. M. THORNTON, J.P.

Aldermen:

A. E. DAVIS

Miss G. L. PARKER

Councillors:

A. A. BANYARD

Mrs. W. L. LEE

G. A. RAINEY, J.P.

Mrs. I. A. SNELL

COMMITTEES

In accordance with Ministry of Health Circular 1/54, the following information is given regarding Committees which are concerned with matters of Public Health:

The Public Health Committee deals largely with matters of sanitation and environmental hygiene under the Public Health, Food and Drugs and Housing Acts and other related enactments.

The Health Services Committee, which includes co-opted members, deals with the Council's responsibilities under Part III of the National Health Service Act.

The Welfare Services Committee deals largely with services for aged, infirm, temporarily homeless and handicapped persons under the National Assistance Act.

It will be seen that much of the work of this department is regulated by three entirely separate Committees each responsible to the Council.

Considerations of public health, health services and welfare can never be divided into watertight compartments. The relationship between the provision of home helps, home nurses, sitters-up on the one hand and the requirements of Part III Accommodation on the other is but one example of the desirability of a consideration of such matters by one and the same Committee. Moreover, most members of the staff of the department have duties relating to more than one committee.

I would respectfully urge that members might give earnest consideration to the formation of a single Health and Welfare Services Committee for dealing with the subject matter of the present three Committees, forming sub-committees as may be found to be necessary.

PUBLIC HEALTH DEPARTMENT STAFF

WHOLE-TIME OFFICERS

Medical Officer of Health:

KENNETH O. A. VICKERY, M.D., B.S. (LOND.), M.R.C.S., L.R.C.P., D.P.H.
(from 4/4/53)

Deputy Medical Officer of Health:

JESSIE GRIFFIN, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health:

MARJORIE I. GODSON, M.B., Ch.B.

Chief Dental Officer:

M. G. BERRY, L.D.S., R.C.S.

Assistant Dental Officer:

JEAN D. OSWALD, L.D.S., R.F.P.S.G.

Chief Sanitary Inspector:

ARTHUR LINDFIELD, Cert. R.S.I.

Sanitary Inspectors:

F. T. RIPPIN, Cert. S.I.B.
G. N. RICHARDS, Cert. S.I.B.
L. R. GODFREY, Cert. S.I.B.
L. G. HOWARD, Cert. S.I.B.
E. G. WREN, Cert. S.I.B.

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

Miss A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Senior Health Visitor:

Miss K. M. AVIS, S.R.N., S.C.M., Part 1, H.V. Cert., Public Health Nursing
Administration Certificate

Health Visitors:

Miss J. C. M. BERK, S.R.N., S.C.M. Part 1, H.V. Cert.
Miss E. L. CLARK, S.R.N., S.C.M. Part 1, H.V. Cert. (from 4/5/53)
Mrs. W. CLEMENTS, S.R.N., S.C.M., H.V. Cert.
Mrs. L. FOSTER, S.R.N., S.C.M., H.V. Cert.
Miss E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert.
Miss M. G. HEMMING, S.R.N., S.C.M., H.V. Cert.
Mrs. S. M. JAMES, S.R.N., S.C.M. Part 1, H.V. Cert.
Miss M. J. PARTRIDGE, S.R.N., S.C.M., H.V. Cert.
Miss D. J. SPOONER, S.R.C.N., S.R.N., S.C.M., Q.N., H.V. Cert. (from 6/7/53)
Mrs. P. D. M. ST. JOHN JONES, S.R.N., S.C.M., H.V. Cert. (to 4/8/53)
(The Health Visitors are also School Nurses)

Domiciliary Midwives:

Miss M. A. BENNETT, S.C.M.

Miss F. M. SCAMMELL, S.R.N., S.C.M.

Miss D. EZZARD, S.R.N., S.C.M., Q.N. (from 1/10/53—Part-time Midwife and Home Nurse)

Miss J. A. BAYLIS-HAYLES, S.R.N., S.C.M. (to 15/7/53)

Domiciliary Nurses:

(a) Whole-time

Miss J. BOOTHROYD, S.R.N., S.R.F.N., Q.N.

Mrs. W. G. FINCH, S.R.N.

Miss M. A. GETHEN, S.R.N., Q.N. (from 1/6/53)

Mr. G. J. W. HUNT, S.R.N., Q.N. (from 2/11/53)

Mrs. J. E. JERRATT, S.R.N., Q.N.

Miss I. MORLEY, S.R.N., S.C.M., Q.N. (Senior)

Miss P. M. PHILLIPS, S.R.N., Q.N.

Mrs. F. A. PURCHASE, S.R.N., S.C.M.

Mrs. J. E. RAINSLEY, S.R.N.

Miss Y. A. ROSER, S.R.N., S.C.M., Q.N.

Mr. A. ROTCHELL, S.R.N., Q.N.

Miss B. E. THOMAS, S.R.N., R.S.C.N., S.C.M.

Miss A. M. WILLIS, S.R.N., S.C.M., Q.N. (from 1/8/53)

Miss E. WOODS, S.R.N.

Miss B. D. HIGTON, S.R.N., S.C.M., Q.N. (to 7/10/53)

(b) Part-time

Miss J. A. BAYLIS-HAYLES, S.R.N., S.C.M. (to 15/7/53)

Mrs. K. M. CASTLE, S.R.N., R.M.P.A. (to 21/3/53)

Miss D. EZZARD, S.R.N., S.C.M., Q.N. (from 1/10/53—Part-time Home Nurse and Midwife)

Mrs. J. MILLICHAMP, S.E.A.N.

Mrs. M. E. SCOTT, S.E.A.N.

Home Teacher of the Blind:

Mrs. L. E. HOUNSOM, H.T. Cert.

Senior Authorised Officer and Welfare Services Officer:

V. O. F. LITTLE

Authorised Officer and Assistant Welfare Officer:

H. A. HURT

Authorised Officer and Female Mental Health Worker:

Miss N. G. FULLER

Part-time Authorised Officer:

Mrs. K. M. CASTLE

Occupational Therapist:

Miss E. J. MCGILVRAY (to 31/8/53)

Clerical Staff:

H. T. HOUNSOM (Lay Administrative Officer)
A. H. HOOKHAM, F.R.Met.Soc.
W. L. PECK
C. A. HEMSLEY
Miss G. E. WOODS
Miss M. S. HARDY
Miss D. M. BEETLESTONE
Mrs. D. STEVENSON
Miss B. WAIGHT
R. G. MORLEY
Mrs. V. HARDY-KING (from 31/10/53)
D. H. PATTERSON (from 1/9/53)
Miss D. A. ABRAHALL (to 9/9/53)
Miss M. E. REED (to 11/4/53)

Dental Attendants:

Mrs. D. S. ANDREWS
Miss P. L. KNOX

Chest Physician (Part-time):

A. H. FERGUSON GOW, M.R.C.S., L.R.C.P.
(Chest Physician, S.E. Metropolitan Regional Hospital Board)

Public Analyst:

R. F. WRIGHT, B.Sc. (Lond.), A.R.C.S., F.R.I.C.

In accordance with Ministry of Health Circular 1/54 the following additional information regarding the duties of the Authority's Senior Public Health Officers is given.

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

All matters connected with the general administration and control of the staff of the Public Health Department. Also the duties prescribed in Article 17 of the Sanitary Officers (Outside London) Regulations 1935-51, together with administration of the powers and duties of the Council under the various enactments dealt with in this report. Responsibility as Chief Officer of the Welfare Services in the administration of the powers and duties of the Council under the National Assistance Acts, 1948 and 1951. Responsibility as Head of the Ambulance Section and nominal head of Welfare Section, Eastbourne Civil Defence Division.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

To assume full responsibility to the Council in the absence of the Medical Officer of Health for all the above duties.

The greater part of the time of this officer is engaged in the day to day administration of the School Health Service and the examination of special cases arising therefrom. In addition, this officer undertakes the medical supervision and treatment of children resident in the Council's Children Homes, together with certain clinical duties in connection with training colleges, schools and routine medical inspections and child welfare clinics.

ASSISTANT MEDICAL OFFICER OF HEALTH

Engaged substantially in the conduct of routine school medical inspections and child welfare clinics. The remainder of her time is occupied in the carrying out of medical examinations of employees of the Council and entrants to teachers' training colleges.

CHIEF DENTAL OFFICER AND PRINCIPAL SCHOOL DENTAL OFFICER

Responsible to the Medical Officer of Health for the conduct and administration of dental inspection and treatment under the school health and maternity and child welfare services. Also undertakes substantial amount of chairside clinical work in connection with the School Dental Service.

SECTION A

GENERAL

Vital Statistics

Notifications of Births

General Information, Natural and Social Conditions

Meteorology

VITAL STATISTICS

Estimated Mid-Year Home Population—57,190.

			<i>Male</i>	<i>Female</i>	<i>Total</i>
BIRTHS:					
Live Births—Legitimate	..	..	286	293	579
Illegitimate	..	..	27	11	38
			<u>313</u>	<u>304</u>	<u>617</u>
Still Births—Legitimate	..	..	3	3	6
Illegitimate	..	..	2	—	2
			<u>5</u>	<u>3</u>	<u>8</u>
DEATHS:					
All causes	..	..	389	524	913

	<i>Eastbourne</i>	<i>England and Wales</i>
Birth Rate per 1,000 population:		
Live Births	10·79	15·5
Still Births	0·14	0·35
Birth Rate after applying "Area Comparability Factor"	11·65	—
Death Rate (Crude) per 1,000 population	15·97	11·4
Death Rate after applying "Area Comparability Factor"	11·66	—
Number of Deaths from Tuberculosis ..	11	—
Tuberculosis Death Rate per 1,000 population	0·19	0·20
Maternal Mortality:		
Number of Maternal Deaths ..	1	525
Rate per 1,000 Live and Still Births:		
Sepsis of pregnancy, childbirth and the puerperium	—	0·10
Abortion with toxæmia	—	0·01
Other toxæmias of pregnancy and the puerperium	—	0·24
Haemorrhage of pregnancy and childbirth	1·6	0·09
Abortion without mention of sepsis or toxæmia	—	0·04
Abortion with sepsis	—	0·06
Other complications of pregnancy, childbirth and the puerperium ..	—	0·18
Deaths of Infants under 1 year of age ..	9	—
Death Rate of Infants under 1 year of age:		
All infants per 1,000 Live Births ..	16·21	26·8
Legitimate infants per 1,000 Legitimate Live Births	12·09	—
Illegitimate infants per 1,000 Illegitimate Live Births	52·63	—

CAUSES OF DEATH

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	7	4	11
Syphilitic disease	1	1	2
Malignant neoplasm, stomach	9	8	17
Malignant neoplasm, lung, bronchus ..	16	4	20
Malignant neoplasm, breast	—	14	14
Malignant neoplasm, uterus	—	8	8
Other malignant and lymphatic neoplasms	38	48	86
Leukaemia, aleukaemia	1	3	4
Diabetes	—	4	4
Vascular lesions of the nervous system	51	108	159
Coronary disease, angina	50	39	89
Hypertension with heart disease ..	6	13	19
Other heart disease	64	133	197
Other circulatory disease	15	15	30
Influenza	12	21	33
Pneumonia	31	23	54
Bronchitis	16	12	28
Other diseases of the respiratory system	2	—	2
Ulcer of stomach and duodenum ..	8	2	10
Gastritis, enteritis and diarrhoea ..	1	—	1
Nephritis and nephrosis	4	10	14
Hyperplasia of prostate	8	—	8
Pregnancy, childbirth, abortion ..	—	1	1
Congenital malformations	—	2	2
Other defined and ill-defined diseases ..	36	36	72
Motor vehicle accidents	3	2	5
All other accidents	6	10	16
Suicide	4	3	7
	<u>389</u>	<u>524</u>	<u>913</u>

There were no deaths from diphtheria, whooping cough, meningococcal infections, poliomyelitis, or measles.

AGE MORTALITY

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1	6	3	9
1- 5	—	—	—
5-15	1	—	1
15-25	4	—	4
25-45	11	18	29
45-65	76	72	148
65-75	119	115	234
75 and over	172	316	488
	<u>389</u>	<u>524</u>	<u>913</u>

MATERNAL AND INFANTILE MORTALITY 1894-1953

<i>Years</i>	<i>Total Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Total Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average	108.5	118.2	3.6	4.56
1904-1913 Average	79.3	96.6	2.6	2.91
1914-1923 Average	52.3	68.8	1.5	1.93
1924-1933 Average	30.0	45.7	1.5	2.20
1934-1943 Average	23.6	42.40	2.1	3.72
1944	11	22.49	1	2.04
1945	24	35.98	—	—
1946	28	29.04	2	2.00
1947	31	31.5	3	2.96
1948	21	26.22	—	—
1949	16	21.62	2	2.63
1950	18	25.67	1	1.39
1951	6	9.77	—	—
1952	10	15.74	—	—
1953	9	16.21	1	1.6

There were nine deaths, six male and three female, of infants under one year.

<i>Age</i>	<i>Sex</i>	<i>Where died</i>	<i>Cause of Death</i>	
15 minutes	F.	Own Home	I (a) Prematurity.	(32 weeks.)
1 hour	M.	Maternity Home	I (a) Prematurity.	
2 hours	M.	Princess Alice Hos- pital	I (a) Prematurity.	(24 weeks.)
			(b) Spontaneous Abor- tion.	
			(c) Appendicitis.	
1 day	M.	Maternity Home.	I (a) Asphyxia. P.M.	
1 week	M.	Maternity Home	I (a) Virus Pneumonia.	
1 month	M.	St. Mary's Hospital	I (a) Gastro Enteritis.	
			(b) Marasmus. P.M.	
1 month	F.	Transferred Death	I (a) Broncho-pneumonia.	
			(b) Tracheotomy for cys- tic hygroma causing respiratory obstruc- tion.	
8 months	M.	St. Mary's Hospital	I (a) Gastro Enteritis.	
			(b) Middle Ear Infection.	
11 months	F.	Princess Alice Hos- pital	I (a) Broncho-pneumonia.	
			II Mongol Infant. P.M.	

There were no deaths of children aged 1 to 5 years.

MATERNAL DEATHS

One Eastbourne mother died from causes associated with pregnancy and childbirth.

The certified cause of death was:

1 (a) Postpartum haemorrhage.

(b) Atony of uterus. P.M.

The patient, aged 33 years, died in St. Helen's Hospital, Hastings.

DEATHS FROM CANCER

The following table shows the number of deaths and death rates from cancer from 1939:

	Year	Popula- tion	Age Groups						Total Deaths	Death Rate per 1,000
			0- 1	1- 5	5- 15	15- 45	45- 65	65 over		
Ten Years	1939	59,470	—	—	1	12	69	30	112	1·88
	1940	53,760	—	1	—	4	37	53	95	1·76
	1941	27,570	—	—	—	1	24	48	73	2·64
	1942	30,960	—	—	—	4	30	48	82	2·68
	1943	27,380	—	—	—	3	29	52	84	3·06
	1944	27,980	—	—	—	2	26	67	95	3·43
	1945	39,300	—	1	—	6	43	79	129	3·28
	1946	49,790	—	—	—	4	54	68	126	2·53
	1947	53,540	—	—	—	7	31	87	125	2·33
	1948	56,610	—	1	1	5	35	92	134	2·36
	Total	—	—	3	2	48	378	624	1055	—
Five Years	1949	56,880	—	—	—	9	40	79	128	2·25
	1950	58,050	—	—	—	9	54	100	163	2·80
	1951	57,510	—	—	1	4	46	77	128	2·22
	1952	57,200	—	—	—	4	46	94	144	2·51
	1953	57,190	—	—	1	8	55	85	149	2·61
	Total	—	—	—	2	34	241	435	712	—

NOTIFICATION OF BIRTHS

BIRTHS. Nine hundred and forty-five live births took place in the Borough and were notified to the Local Authority. Six hundred and thirty-two were births to mothers resident in Eastbourne and 313 to mothers resident outside the Borough.

Notifications were as follows:					<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
<i>(a) DOMICILIARY BIRTHS:</i>							
Local Health Authority's Mid-							
wives					97	—	97
Private Midwives					5	—	5
					<hr/>	<hr/>	<hr/>
Total Domiciliary Live Births					102	—	102
					<hr/>	<hr/>	<hr/>
<i>(b) INSTITUTIONAL BIRTHS</i>							
Maternity Home					463	141	604
St. Mary's Hospital					61	170	231
Princess Alice Hospital					1	—	1
Nursing Home					5	2	7
					<hr/>	<hr/>	<hr/>
Total Institutional Live Births					530	313	843
					<hr/>	<hr/>	<hr/>
Total Live Births					632	313	945
					<hr/>	<hr/>	<hr/>
Notified Births:							
1952					623	288	911
1951					609	245	854
1950					709	171	880
<i>(c) STILL BIRTHS:</i>							
Domiciliary					<hr/>	<hr/>	<hr/>
Institutional					8	4	12
<i>(d) PREMATURE BIRTHS (i.e. 5½ lb. or less at birth):</i>							
Domiciliary					6	—	6
Maternity Home					20	12	32
St. Mary's Hospital					5	17	22
Princess Alice Hospital					1	—	1
					<hr/>	<hr/>	<hr/>
					32	29	61
					<hr/>	<hr/>	<hr/>

GENERAL INFORMATION, NATURAL AND SOCIAL CONDITIONS

SITUATION. Latitude 50° 46' N.; Longitude 0° 17' E.

Eastbourne is situated on and at the foot of the eastern slope of the South Downs facing the English Channel with an open exposure to the South and South-East.

ELEVATION

The highest point is about 640 feet above sea level on the Downs sloping from the west to a minimum of 6·58 feet above highest mean sea level in the east of the Borough.

AREA

The acreage of the Borough is 11,356 acres including foreshore (332 acres) and inland water (19 acres).

DENSITY OF POPULATION

Approximately 5 persons per acre. The parts built over vary with locality from 10 to 50 with an average of about 20 persons per acre.

NUMBER OF SEPARATE ASSESSMENTS. 20,043.

RATEABLE VALUE AT 1.4.53. £959,917.

GENERAL RATE. 15s. 0d.

PRODUCT OF A 1D. RATE. £3,875.

METEOROLOGY. 60 years averages.

<i>Temperature:</i>	Max.	55·9° F.
	Min.	45·5° F.
	Mean	50·7° F.
	Sea	51·9° F.
<i>Sunshine:</i>	Total	1811·9 hours
	Daily	4·96 hours
<i>Rainfall:</i>	Total	31·25 inches
	Days	165

NATURAL FEATURES

The Borough is sheltered from the west and south-west by the Downs. The front is open to the sea to the south and south-east. This factor ensures a very large amount of sunshine as is shown by the records extending over a considerable number of years.

The extent of the Borough compared with the number of houses and population provides for large open spaces and gardens conducive to health.

In accordance with a Local Act of 1936 the Corporation obtained by agreement lands forming part of the Downs in the neighbourhood of the Borough. The whole of the Downs on the west is open country and mainly accessible to the public.

GEOLOGY

A large part of Eastbourne is on a chalk subsoil which is a very healthy subsoil. The western part of the town including Meads, Old Town and Upperton is almost entirely on chalk. The central and eastern districts are mainly on dry alluvium or shingle and to a small extent on chalk and greensand. Valley gravel covers the chalk and greensand in the valleys.

There is a comparatively small amount of clay in the central part of the town and a strip of upper greensand narrow along the Grand Parade, wider from west to east to about Bourne Street, narrowing again until it ends about half a mile east of the pier. The remainder of Eastbourne to the east is on alluvium. Hampden Park to the north-west is on greensand and clay just at the termination of the chalk.

GENERAL

The climate is invigorating and has a tonic effect. The winter sunshine records are among the highest in the country and the daily range in temperature small. The average night temperature from December to February is higher than that of the French and Italian Riviera and the daily variation in temperature less.

The dry soil, sunshine and bracing air combined with the many amenities make Eastbourne a particularly favourable health and holiday resort.

METEOROLOGY

Borough Meteorologist: Mr. A. H. HOOKHAM, F.R.Met.Soc.

SUNSHINE

The following Table gives the list of Resorts in Southern districts with their positions in the Air Ministry's official list. Eastbourne again occupies a prominent position near the top of the Table, being seventh out of a total of 316 stations.

<i>Position in List</i>	<i>Town</i>						<i>Total Hours</i>
1	Shanklin	..	..	..	..	..	2017·7
2	Sandown	..	..	..	..	..	1987·3
3	Ventnor	..	..	..	..	..	1969·2
4	Scilly	..	..	..	..	..	1930·0
5	Torquay	..	..	..	..	..	1918·4
6	Weymouth	..	..	..	..	..	1916·3
7	Eastbourne	..	..	..	..	..	1911·0
8	Penzance	..	..	..	..	..	1906·6
9	Worthing	..	..	..	..	..	1885·1
11	Freshwater	..	..	..	..	..	1878·0
12	Falmouth	..	..	..	..	..	1864·8
16	Bognor Regis	..	..	..	..	..	1854·0
17	Seaford	..	..	..	..	..	1848·3
19	Fowey	..	..	..	..	..	1835·9
21	Ryde	..	..	..	..	..	1823·1
22	Hastings	..	..	..	..	..	1817·7
23	Brighton	..	..	..	..	..	1815·0
24	Littlehampton	..	..	..	..	..	1813·1
26	Ilfracombe	..	..	..	..	..	1812·8
28	Plymouth	..	..	..	..	..	1796·5
29	Swanage	..	..	..	..	..	1795·5
30	Teignmouth	..	..	..	..	..	1795·2
32	Portsmouth	..	..	..	..	..	1791·5
33	Poole	..	..	..	..	..	1788·4
35	Bexhill-on-Sea	..	..	..	..	..	1775·4
36	Newquay	..	..	..	..	..	1769·8
37	Bude ..	..	..	..	..	..	1767·8
39	Folkestone	..	..	..	..	..	1764·0
40	Paignton	..	..	..	..	..	1761·1
45	Exmouth	..	..	..	..	..	1737·3
49	Dover	..	..	..	..	..	1699·2
55	Southampton	..	..	..	..	..	1665·0
59	Ramsgate	..	..	..	..	..	1650·1
65	Margate	..	..	..	..	..	1637·8
97	Southend	..	..	..	..	..	1573·8
99	Clacton	..	..	..	..	..	1571·8

The Air Ministry have recently issued their averages of Temperature and Sunshine for the period of 30 years (1921-50). The averages of sunshine for this long period are of particular interest to Eastbourne. Its geographical position indicates that it is situated within the stretch of coast having the highest amount of sunshine.

COMPARATIVE AVERAGES OF TEMPERATURE AND SUNSHINE FOR 1921 TO 1950

	<i>Temperature</i>			<i>Sunshine</i>	
	<i>Max. °F.</i>	<i>Min. °F.</i>	<i>Mean °F.</i>	<i>Total Hours</i>	<i>Daily Hours</i>
Scarborough	55·1	44·0	49·6	1391	3·81
Skegness	54·6	43·2	48·9	1553	4·25
Felixstowe	55·6	45·0	50·3	1720	4·71
Margate	56·2	46·3	51·3	1771	4·85
Hastings	56·3	45·2	50·8	1786	4·89
Eastbourne	56·2	45·8	51·0	1828	5·01
Worthing	56·4	45·5	51·0	1838	5·03
Littlehampton	56·5	44·5	50·5	1792	4·91
Bournemouth	57·7	44·1	50·9	1711	4·68
Ventnor	57·0	46·9	51·9	1831	5·01
Torquay	57·6	46·1	51·9	1733	4·74
Plymouth	57·2	46·3	51·8	1674	4·58
Falmouth	57·3	46·9	52·1	1672	4·58
Newquay	56·1	46·5	51·3	1655	4·53
Ilfracombe	56·1	47·6	51·9	1566	4·29
Llandudno	55·7	45·6	50·6	1499	4·10
Blackpool	54·7	43·8	49·3	1480	4·05

NOTE:—Owing to the war years, records at some stations are not complete. In no case does the missing record of the above stations exceed five years in all.

The rainfall averages for the period 1921 to 1950 are not yet available.

SUMMARY OF OBSERVATIONS

AIR PRESSURE (Mean Sea Level):

Daily Average:

9 a.m.	..	..	..	30.093 inches (1019.1 millibars)
9 p.m.	..	..	..	30.091 inches (1019.0 millibars)

AIR TEMPERATURE:

Daily Averages:

Maximum	..	..	..	..	56.8 degrees
Minimum	..	..	..	..	46.1 degrees
Combined	..	..	..	..	51.4 degrees
Range	..	..	..	..	10.7 degrees
At 9 a.m.	..	..	..	..	52.2 degrees
At 9 p.m.	..	..	..	..	50.7 degrees
Warmest day—June 30th	..	..	..	..	80.9 degrees
Warmest nights—August 7th and 12th	..	..	..	..	64.0 degrees
Coldest day—January 7th	..	..	..	..	34.1 degrees
Coldest night—February 7th	..	..	..	..	23.7 degrees

EARTH TEMPERATURES:

Daily Averages:

At 1 foot	..	..	..	..	52.9 degrees
At 4 feet	..	..	..	..	53.5 degrees

SUNSHINE:

Total	..	..	..	..	1911.0 hours
Daily average	..	..	..	..	5.24 hours

RAINFALL:

Total	..	..	..	..	22.42 inches
"Rain" days	..	..	..	..	135

HUMIDITY:

Daily Averages:

9 a.m.	..	..	..	..	85 per cent.
9 p.m.	..	..	..	..	89 per cent.

WINDS:

Percentage of 9 a.m. and 9 p.m. observations:

<i>Direction</i>	<i>Percentage</i>
N.	18.63
N.E.	4.66
E.	7.67
S.E.	4.93
S.	9.72
S.W.	6.58
W.	29.04
N.W.	15.76
Calm	3.01
<i>Prevailing Winds</i>	.. West

Snow and sleet recorded on	6 days
Thunderstorms recorded on	8 days
Fog (9 a.m.) recorded on	10 days
Gales recorded on	5 days
Ground frost recorded during	60 nights

MONTHLY AVERAGES OF TEMPERATURE, SUNSHINE AND RAINFALL:

Month	Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of			High- est	Low- est		Total Hours	Daily Hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	42.0	34.4	38.2	50	25	40.4	53.1	1.71	1.18	11
February ..	43.7	35.2	39.5	52	24	39.7	77.3	2.76	1.83	11
March ..	49.2	35.3	42.3	56	28	41.8	164.6	5.31	0.32	5
April ..	53.1	42.0	47.5	59	34	47.1	203.9	6.80	2.10	17
May ..	61.3	48.8	55.1	75	38	54.2	273.6	8.83	1.23	7
June ..	66.5	52.6	59.5	81	43	58.4	250.1	8.34	1.56	15
July ..	66.1	56.4	61.3	76	51	62.2	212.6	6.86	3.04	16
August ..	69.1	57.2	63.2	78	50	64.5	261.3	8.43	2.05	9
September ..	65.5	53.8	59.7	72	46	61.3	200.8	6.69	3.26	11
October ..	59.4	48.5	53.9	66	38	56.9	118.5	3.82	2.67	14
November ..	53.8	45.4	49.6	57	37	52.6	41.0	1.37	2.28	11
December ..	51.4	44.2	47.8	58	32	49.7	54.2	1.75	0.90	8
YEAR ..	56.8	46.1	51.4	81 June	24 Feb.	52.4	1911.0	5.24	22.42	135

Differences from
60 years avs. .. +0.9 +0.6 +0.7 — — +0.5 +99.9 +0.28 -8.83 -30

SECTION B

NATIONAL HEALTH SERVICE ACT (LOCAL HEALTH SERVICES)

Section 21—Health Centres

- „ 22—Care of Mothers and Young Children
- „ 23—Midwifery
- „ 24—Health Visiting
- „ 25—Home Nursing
- „ 26—Vaccination and Immunisation
- „ 27—Ambulance Service
- „ 28—Prevention of Illness, Care and After Care
- „ 29—Domestic Help
- „ 51—Mental Health

SECTION 21—HEALTH CENTRES

The Minister of Health having stated that the building of a Health Centre could only be justified where there was urgent need for the services it was proposed to accommodate, and, generally speaking this circumstance not having occurred other than in new housing areas, the Local Health Authority has now decided to abandon the idea of building a Main Health Centre.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

EXPECTANT AND NURSING MOTHERS

1. *Ante-Natal Care*

(a) *Clinics.* Ante-Natal Clinics for domiciliary cases are provided at the Local Authority's Central Clinic and at two district clinics. Sessions and attendances were as follows:

	<i>Sessions</i>	<i>Attendances</i>
Avenue House (Thursdays, 2.30 p.m.) ..	52	304
Acacia Villa (Wednesdays, 2.30 p.m.) ..	51	205
Hampden Park Hall (Tuesdays, 2.30 p.m.)	50	208
TOTALS	<u>153</u>	<u>717</u>
Number of mothers attending		121
Number of new cases		105
Number of cases examined by Assistant Medical Officer		20
Number of specimens of blood taken for Rh. Factor		73
Number accepting invitation to attend Local Authority's Dental Centre		37
Number referred for X-ray		1

(b) *Domiciliary Visits.* 904 Ante-natal visits were made to mothers in their own homes.

2. *Post-Natal Care.*

A post-natal clinic is held in conjunction with the Ante-Natal Clinic at Avenue House on Thursday afternoons. Fifteen women made 17 attendances.

One hundred and thirty-two domiciliary visits were made by the midwives in connection with post-natal care.

3. Home Visiting

Visits by Health Visitors during the year to expectant and nursing mothers, and children under five years, were as follows:

	<i>First Visits</i>	<i>Total Visits</i>
To expectant mothers	138	252
To nursing mothers	595	816
To children under 1 year of age ..	649	3390
To children between the age of 1 and 2 years	10	2301
To children between the age of 2 and 5 years	22	4584

4. Child Welfare Clinics were held as follows:

Avenue House—Monday afternoon and Thursday morning.

Acacia Villa, Seaside—Tuesday afternoon.

Hampden Park Hall—Friday afternoon.

St. Elisabeth's Church Hall—Wednesday afternoon. This centre was discontinued from 27th May, 1953.

120/122 Green Street—Wednesday afternoon. This centre opened on 3rd June, 1953.

Attendances were:

	<i>Under</i>			
	1	1-2	2-5	<i>Total</i>
No. of children who attended during the year	436	349	457	1242
Attendances of children during the year	6086	1224	844	8154

5. Care of Premature Infants (i.e. babies weighing $5\frac{1}{2}$ lb. or less at birth irrespective of period of gestation).

Very satisfactory provision is available in the hospitals for the care of premature infants and there has been no demand for the equipment provided and always available in the Department.

(a) Number of premature infants notified:

<i>Place of Birth</i>	<i>Resident</i>	<i>Non-Resident</i>	<i>Total</i>
Own Home	6	—	6
Maternity Home	20	12	32
St. Mary's Hospital	5	17	22
Princess Alice Hospital ..	1	—	1
	—	—	—
	32	29	61
	—	—	—

(b) *Deaths of premature infants within 28 days:*

	<i>Resident</i>	<i>Non-Resident</i>	<i>Total</i>
(i) <i>Died in first 24 hours:</i>			
At Home	1	—	1
Princess Alice Hospital	1	—	1
St. Mary's Hospital ..	—	2	2
(ii) <i>Died within 1 to 28 days:</i>			
St. Mary's Hospital ..	—	1	1
	—	—	—
	2	3	5
	—	—	—

6. *Unmarried Mothers.*

Under the Authority's scheme for the welfare of unmarried mothers and their children full use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Moral Welfare Association. All cases were fully investigated by the staff of the Department in association with the voluntary welfare workers and close contact was maintained with the girls concerned. On discharge from Maternity Units and Post-Natal Hostels all possible help was given to them.

House of the Good Shepherd. This home provides accommodation for single girls, including expectant mothers, in need of care and supervision.

Twenty-seven expectant mothers, including three Eastbourne cases, were admitted during the year.

Other Homes. Six Eastbourne girls were accommodated in the following homes:

Stretton House, London	1
Ravensbourne House, Bromley	3
St. Anne's Mother and Baby Home, London	1
St. Pelagia's Home, Highgate	1
	—
	6
	—

Nine other unmarried mothers brought to the notice of the Department were confined at:

Maternity Home	5
St. Mary's Hospital	1
Princess Alice Hospital	1
Nursing Home	1
Own Home	1
	—
	9
	—

Bell Hostel. Of the total admissions of 49 unmarried mothers and their children to this Chichester Diocesan Moral Welfare Association Post-Natal Home, 4 were Eastbourne cases with an average duration of stay of 45 days.

7. Food

A member of the staff of the local Food Office attended our three outlying Child Welfare Centres to distribute Welfare Foods.

Under the Authority's arrangements for the care of mothers and young children, a considerable variety of dried milk foods, cereals and vitamin products is now available and issued on the recommendation of the Medical Officer or Health Visitor in attendance at Child Welfare Sessions.

In the course of the year members of the Women's Voluntary Service have taken over the distribution of proprietary nutrients in the clinics. Their services are much appreciated and enable the permanent staff of the Department to be used to better advantage.

8. DENTAL CARE

The services of a dental officer provide for the dental care of expectant and nursing mothers and pre-school children. Full publicity is given to the service for expectant mothers. As many children as possible from the age of 2 years are inspected and provided treatment where necessary.

(a) Inspection and Treatment:

				Inspected	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers				151	150	138	105
Children under school age				266	211	196	185

(b) Forms of Dental Treatment Provided:

	Extrac-tions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate Treat-ment	Dressings	Radiographs	Dentures Provided	
		Local	General						Complete	Part.
ant ng ers	159	102	59	116	91	2	21	53	19	36
ren er	282	4	139	159	—	639	44	1	—	—

REPORT OF CHIEF DENTAL OFFICER

One hundred and nineteen sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five.

One hundred and fifty-one expectant and nursing mothers were seen at the Avenue House clinic and made 753 attendances. Of these, 150 were found to require treatment and 138 were treated. One hundred and sixteen fillings were inserted and 159 teeth were extracted. In addition 19 complete dentures and 36 partial dentures were fitted, the laboratory work being carried out by local technicians. Fifty-three cases were referred for radiological examination to the radiological department at St. Mary's Hospital, where, as in previous years, this work was carried out very satisfactorily.

Two hundred and sixty-six children under school age were inspected, and 211 were found to require treatment. One hundred and ninety-six were actually treated and made 605 attendances. One hundred and fifty-nine fillings were inserted into temporary teeth, and 282 temporary teeth were extracted. Six hundred and thirty-nine temporary teeth also received conservative treatment with silver nitrate.

The problem of the conservation of the temporary dentition in the very young child is one that is constantly in the mind of every dental officer. It is a problem that applies especially to these particular age groups rather than to the older age groups, because, in a very young child of between three and four, the scope for operative conservative dentistry is extremely limited. The young patient tires quickly, the "drill" must be used with great circumspection, and the insertion of the actual filling must be carried out as rapidly as possible. It is, therefore, of the greatest importance that dental caries should be diagnosed in its early stages, and before any deep inroads have been made into the tooth structure, and it is for this reason that every effort is made to encourage the regular dental inspection of these toddlers.

The therapeutic action of various drugs intended to prevent caries in newly erupted teeth has so far proved disappointing. Silver nitrate, while of considerable value in treating surfaces already carious, has by a recent investigation, been shown to have no beneficial results when used as a prophylactic on sound enamel. The most promising trend comes from the research being carried out on the action of the fluorine salts. The publishing of the official report and recommendations is still awaited, and while the effect of the topical application of these solutions may be open to doubt, the introduction of these substances into the water supply and thus into the actual structure of the developing tooth, both before and immediately after birth, does hold out considerable promise that we may eventually be able to develop, in general, a more caries-resistant type of tooth structure. In this connection, it is not always realised that the formation and calcification of the temporary dentition begin during the fifth month of pregnancy.

We must, therefore, still rely, in the present stage of our fight for the prevention of dental caries, on two main defences; the most important being the consumption of a suitable diet that will necessitate the vigorous use of both teeth and jaws, and secondly the strictest attention to oral hygiene.

M. G. BERRY, L.D.S., R.C.S.

9. DAY NURSERIES

Two Day Nurseries providing a total of 100 places were in use. There was no waiting list for admission during the year and this circumstance enabled children to be admitted on application without reference to the scheme of priority of admission.

The average daily attendance of children was as follows:

				<i>Salehurst Road Nursery (40 places)</i>	<i>Princes Park Nursery (60 places)</i>
January..	..	..	..	21·42	35·84
February	..	..	..	21·65	27·83
March ..	..	..	..	25·26	28·36
April ..	..	..	..	12·52	39·53
May ..	..	..	..	21·86	41·64
June ..	..	..	..	27·80	42·92
July ..	..	..	..	26·03	42·14
August ..	..	..	..	20·04	33·80
September	..	..	..	20·88	34·37
October	..	..	..	20·73	28·10
November	..	..	..	20·45	23·52
December	..	..	..	16·04	18·56

There has been a continued decline in the attendances at both nurseries since 1952, no doubt in part due to the increasing difficulty experienced by women in finding employment. The situation was kept under continuous observation and formed the subject of reports to the Health Services Committee in November 1952 and in June and November 1953, following which it was decided that the Salehurst Road Day Nursery would be closed with effect from the 31st March, 1954.

SECTION 23—MIDWIVES SERVICE

Two midwives continued to work whole time, and one midwife half-time in the Midwifery Service and half-time in the Home Nursing Service during the year.

The number and proportion of domiciliary confinements in relation to total confinements continued the decline noted in previous years.

The following figures show the total number of live births to Eastbourne mothers and the number of domiciliary confinements in the last four years.

			<i>Total Births</i>	<i>Domiciliary Confinements</i>	<i>Percentage of Domiciliary Confinements</i>
1950	..	..	709	157	22·1
1951	..	..	609	115	18·8
1952	..	..	623	106	17·0
1953	..	..	632	102	16·1

It will be seen from these figures that 83·9 per cent. of mothers are confined in institutions, the majority being National Health Service patients and using the Maternity Home or St. Mary's Hospital.

Whilst it is undoubtedly much less troublesome and expensive for a mother to be confined in hospital it is considered that a higher proportion of mothers might properly be confined in their own homes, thus releasing much needed hospital beds for other more urgent purposes.

Details of the work of the Domiciliary Midwives during the year are as follows:

BOOKINGS:

Number of cases on books on January 1st	..	32
New bookings	.. .. .	126
Number of cases on books on December 31st		48

CONFINEMENTS:

Midwifery Cases	.. .. .	52
Maternity Cases	.. .. .	45
Miscarriages	.. .. .	7
	—	104

ANALGESIA:

(a) *Gas and Air:*

Midwifery Cases	.. .. .	44
Maternity Cases	.. .. .	43
	—	87

(b) *Pethidine:*

Midwifery Cases	.. .. .	1
Maternity Cases	.. .. .	29
	—	30

Medical Aid was sought in 13 cases.

VISITS BY MIDWIVES:

Ante-natal visits	.. .. .	904
Visits during labour	.. .. .	207
Visits during puerperium	.. .. .	1922
Post-natal visits	.. .. .	132
Visits to 184 patients discharged from hospital before 14th day	.. .. .	375
	—	3540

SUPERVISOR:

Visits of inspection by non-medical supervisor
to Domiciliary Midwives and Pupil Midwives 9

— 9

TRAINING OF PUPIL MIDWIVES:

Four pupil midwives from the East Sussex County Council
were accepted for three months district training.

SECTION 24—HEALTH VISITING

Ten qualified Health Visitors, including a Senior, continued to be employed during the year, the establishment for the purposes of the Act remaining at seven and a half; the equivalent of two and a half Health Visitors being allocated to the School Health Service.

The services of one Health Visitor are available part-time for work in connection with the Hospital Geriatric Service and a Tuberculosis Health Visitor maintains the closest contact with the Chest Physician.

Considerable efforts have been made during the year to further the liaison between general practitioners and health visitors and doctors are making ever greater use of health visitors in connection with medico-social problems affecting their patients.

In this connection health visitors made regular attendances at the surgery of a firm of local doctors during ante-natal sessions.

During the year eight Student Health Visitors received practical training in the Department by arrangement with the Tutor to the Health Visitors' Course of the Queen's Institute of District Nursing at the Brighton Technical College.

One member of the staff attended a Refresher Course arranged by the Women Public Health Officers Association.

The number of visits to homes made by Health Visitors was:

CARE OF MOTHERS AND YOUNG CHILDREN:

Children under 1 year	..	..	..	..	3390
Children aged 1 and under 2 years	..	..	..	..	2301
Children aged 2 and under 5 years	..	..	..	..	4584
Expectant mothers	..	..	..	..	252
Nursing mothers	..	..	..	..	816
In connection with Day Nurseries	..	..	..	..	109

INFECTIOUS ILLNESS:

Pre-school children	..	..	..	..	..	117
Children of school age	..	..	..	..	..	129
Others	..	..	..	..	..	11

TUBERCULOSIS	..	..	..	..	..	..	1086
CARE AND AFTER CARE (including Aged Persons)	..						1366
HOUSING CONDITIONS	..	..	..	..	..		54
MISCELLANEOUS	..	..	..	..	..	..	562

OTHER VISITS:

To other Agencies (voluntary organisations)	..						263
To Day Nurseries	..	..	..	..	..	..	110
To Hospitals	..	..	..	..	..	..	180

Health Visitors were in attendance at all Child Welfare Centres and at the Chest Clinics, the number of attendances being 455 at Child Welfare Centres and 99 at Chest Clinics.

SECTION 25—HOME NURSING

The Home Nursing Staff at the end of the year was comprised of the Superintendent Nursing Officer, a Senior Home Nurse, thirteen full-time Home Nurses including two male nurses, and three part-time Home Nurses.

The Home Nursing Service continues to be one of the most appreciated Local Health Authority Services and one in which co-operation between the Hospital Services, General Medical Practitioners and the Local Health Authority reaches a very high standard.

During 1953 the record number of 49,404 visits were made to 1719 patients.

The following are particulars of cases dealt with:

				<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
Medical	..	..	..	891	992	17,179
Surgical	..	..	..	263	295	7,383
Infectious diseases	..	..	..	9	9	30
Tuberculosis	..	..	..	25	27	773
Maternal complications	..	..	..	15	15	140
Others (chronic)	..	..	..	327	381	23,899
				<u>1,530</u>	<u>1,719</u>	<u>49,404</u>

1,461 patients were removed from the records for the following reasons:

Convalescent	843
To hospital	214
Deaths	148
Other causes	256
	<hr/>
	1,461
	<hr/>

The table below indicates the demands on the Home Nursing Service:

	<i>Cases</i>	<i>Visits</i>
1949	1,323	34,914
1950	1,667	47,898
1951	1,552	47,047
1952	1,967	47,470
1953	1,719	49,404

SECTION 26—VACCINATION AND IMMUNISATION

Personal contact by Health Visitors and other members of the Staff with parents and guardians is given first priority in the unceasing efforts to secure that the maximum number of pre-school children are vaccinated against smallpox and immunised against diphtheria.

Parents are told that vaccination and immunisation may be carried out either by the family doctor or by a medical officer of the Department.

Towards the end of the year a scheme for immunisation against whooping cough was introduced and is already proving very popular with parents.

A.—VACCINATION AGAINST SMALLPOX

Vaccinations during 1953 :

Age Group	Primary Vaccination		Re-Vaccination	
	By Staff of Health Department	By General Practitioner	By Staff of Health Department	By General Practitioner
Under 1 year ..	156	157	—	1
1 to 2 years ..	8	7	—	—
2 to 5 years ..	4	5	5	11
5 to 15 years ..	3	9	59	37
15 years and over	1	28	4	132
	172	206	68	181
	378		249	
	<div>627</div>			

Three hundred and thirteen infants under one year were vaccinated; 156 by the Medical Staff of the Department and 157 by General Medical Practitioners.

B.—DIPHTHERIA IMMUNISATION

The number of children immunised in the age groups 0-1 year and 1-2 years was equivalent to 53·9 per cent. of the children (635) born in the previous year.

Since the campaign started in 1939 the total number of children known to have been immunised in the age groups 0-1 year and 1-2 years was:

<i>Year</i>	<i>Births</i>	<i>No. immunised in age groups 0-1 year and 1-2 years</i>	<i>Percentage of previous year's births immunised</i>
1953	617	342	53·9
1952	635	394	64·2
1951	614	463	66·0
1950	701	467	63·1
1949	740	446	55·7
1948	801	606	61·7
1947	983	594	61·6
1946	964	453	67·9
1945	667	364	74·4
1944	489	241	57·8
1943	416	217	46·9
1942	463	209	54·4
1941	384	54	9·9
1940	545 }	14	
1939	587 }		

In 1953, four hundred and twenty-three children were immunised, 265 by the Medical Staff of the Department and 158 by General Medical Practitioners.

The Department's immunisation records show that at the end of the year 1,700 children aged 0-5 years and 5,417 children aged 5-15 years had been immunised. The age groups and numbers were:

<i>Age Groups</i>	<i>Number</i>	<i>Total</i>
0- 1	17	
1- 2	328	
2- 3	413	
3- 4	470	
4- 5	472	
	—	1,700
5- 6	534	
6- 7	789	
7- 8	742	
8- 9	548	
9-10	584	
	—	3,197
10-11	507	
11-12	488	
12-13	400	
13-14	393	
14-15	432	
	—	2,220
		<u>7,117</u>

These numbers represent 53·1 per cent. and 75·2 per cent. of the children in the age groups 0-5 years and 5-15 years of the Registrar-General's estimated population of 3,200 and 7,200 in these respective age groups.

The school medical records at the end of the year indicate that 5,730 children out of 6,436 on the school registers had been immunised, a percentage of approximately 89 per cent.

It should be appreciated that individual immunity tends to wane with the passage of time, thus, taking into account inoculations performed within the last five years only, an index of the immunity to diphtheria in the population is shown by the following table based on the Registrar-General's estimate of population under 15 years.

<i>Age at 31/12/53: i.e., born in year:</i>	<i>Under 1 1953</i>	<i>1-5 1952-49</i>	<i>5-10 1948-44</i>	<i>10-15 1943-39</i>	<i>Under 15 Total</i>
Last complete course of injections given during 1949-53	17	1,683	2,132	1,248	5,080
Estimated mid-year child population	610	2,590	7,200		12,400
Immunity Index	2·79%	64·98%	46·81%		40·97%

Two thousand and thirty-seven children aged 5 to 15 were inoculated prior to 1949 and the existence of residual protection in this group must be taken into account in interpreting the index.

CHILDREN IMMUNISED BY THE STAFF OF THE DEPARTMENT SINCE
THE COMMENCEMENT OF THE CAMPAIGN IN 1939:

	AGE GROUPS							Population		Diphtheria Notifica- tions	Deaths from Diphtheria
	0-1	1-2	2-3	3-4	4-5	5-15	Total	0-5	5-15		
December 1939 to December 1940	—	14	24	19	24	360	441	—	—	24	1
1941	—	54	68	58	72	651	903	—	—	7	—
1942	—	209	91	83	100	612	1095	1700	3200	3	—
1943	—	217	39	33	36	88	413	1400	3400	—	—
1944	—	241	12	12	8	24	297	2050	4050	—	—
1945	—	364	55	21	17	64	521	2910	4970	1	—
1946	—	453	49	24	20	80	626	3390	5720	1	1
1947	36	558	13	14	8	44	673	3949	5957	—	—
1948	—	578	31	25	11	54	699	3966	6886	1	—
1949	—	322	19	5	7	25	378	3955	7042	2	—
1950	—	299	16	3	5	40	363	3938	7122	—	—
1951	158	125	9	4	5	30	331	3847	6771	—	—
1952	142	78	15	7	5	25	272	3400	7000	—	—
1953	94	100	23	11	9	28	265	3200	7200	—	—

C.—WHOOPING COUGH IMMUNISATION

Since arrangements for this form of inoculation were approved by the Minister of Health in September, fifteen children were immunised by the Medical Staff of the Department and eleven by General Medical Practitioners. In all except one case a combined Diphtheria/Pertussis Antigen was used.

SECTION 27—AMBULANCE SERVICE

The service continued to be operated on behalf of this Authority and East Sussex County Council by the Eastbourne Division of the St. John Ambulance Brigade.

The Superintendent, Mr. A. J. Burnage, maintained the closest liaison with the Medical Officer of Health and co-operated closely with him in exercising vigilance to prevent abuses of the service, which are particularly liable to occur in a health resort receiving many visitors.

At the end of the year the full-time staff of the Brigade consisted of the Superintendent, transport sergeant mechanic, and seven trained driver/attendants. Seven ambulances and three sitting-case cars were maintained.

Grateful acknowledgement is due to the volunteers who regularly assisted in the conduct of the service at night and provided valuable help in escort duties.

AMBULANCE SERVICE

			<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>
Ambulances (6)	..	..	3,627	2,629	28,308
Infectious Diseases		..			
Ambulance (1)	..	..	98	90	912
			<hr/> 3,725	<hr/> 2,719	<hr/> 29,220
Sitting-Case Cars (3)		..	<hr/> 10,329	<hr/> 3,721	<hr/> 46,801

Travel by Railway:

Special arrangements were made to convey 394 patients by train. Ambulances were used in 66 cases to convey the patients to the railway station and 328 by sitting-case cars.

ORIGIN OF CALLS
January to December, 1953

	<i>Ambulances</i>	<i>Sitting-case Cars</i>
Emergency calls and street accidents	429	41
Local Hospitals	1,913	1,157
Local Convalescent Homes	35	209
General Medical Practitioners	589	327
Maternity Home	29	25
Nursing Homes	31	6
Ministry of Pensions	21	114
Other Ambulance Authorities	79	278
Mental Health Officers	58	109
Others	180	256
 OUT-PATIENTS:		
Chest Clinic	234	663
Foot Clinic	—	236
Local Hospitals	—	6,357
Royal Sussex County Hospital, Brighton	29	551
	<hr/> 3,627	<hr/> 10,329
Infectious Diseases	98	—
	<hr/> 3,725	<hr/> 10,329

EASTBOURNE AMBULANCE SERVICE
(including Infectious Diseases Figures)

MONTH	PATIENTS		JOURNEYS		MILEAGE	
	<i>Ambulance</i>	<i>Sitting Case Cars</i>	<i>Ambulance</i>	<i>Sitting Case Cars</i>	<i>Ambulance</i>	<i>Sitting Case Cars</i>
January	362	795	231	327	2971	3472
February	279	691	198	259	1913	3113
March	379	825	251	294	3089	3677
April	296	667	212	240	2092	2918
May	285	807	238	273	2276	4550
June	333	789	250	313	2071	3961
July	325	1003	233	352	3175	4705
August	312	819	240	345	2378	4178
September	304	999	234	324	2669	4441
October	295	1125	211	320	2825	3961
November	242	955	172	340	1994	4066
December	313	854	249	334	1767	3759
Year	3725	10329	2719	3721	29220	46801

JOURNEYS AND MILEAGES SINCE 5TH JULY, 1948

	<i>Ambulances</i>		<i>Sitting-Case Cars</i>	
	<i>Journeys</i>	<i>Mileage</i>	<i>Journeys</i>	<i>Mileage</i>
5th July to 31st Dec., 1948	1,427	23,127	757	30,415
Jan. to Dec., 1949	2,808	48,358	3,452	56,882
Jan. to Dec., 1950	2,962	34,013	3,660	55,023
Jan. to Dec., 1951	2,668	27,466	4,608	54,838
Jan. to Dec., 1952	2,601	29,505	3,724	48,353
Jan. to Dec., 1953	2,719	29,220	3,721	46,801

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

A.—TUBERCULOSIS

One Health Visitor was employed full-time in carrying out welfare work associated with the care of persons suffering from tuberculosis. In addition to the regular visiting of affected persons in their own homes, the Tuberculosis Health Visitor attends all Chest Clinic Sessions at which Eastbourne patients attend, and also visits patients in local hospitals, maintaining the closest liaison with the Chest Physician and his staff. This liaison is most helpful in co-ordinating arrangements for prevention, care and after-care with the diagnostic and treatment services provided through the Chest Clinic.

Facilities for the loan of beds and bedding, nursing requisites and the provision of extra nourishment and clothing continued to be available in addition to advice and assistance in the many problems affecting tuberculous persons, their families and dependents.

Home Visits by the Tuberculosis Health Visitor totalled 1,086, including 53 first visits.

Chest Clinic Attendances	99
Visits to Hospitals	27

Extra nourishment granted to persons suffering from tuberculosis:

(a) <i>Liquid Milk:</i>	<i>Total Pints</i>
At 2 pints per day	14,381
At 1 pint per day	21,004
	<hr/>
	35,385
	<hr/>
(b) <i>Cases Assisted:</i>	
Males	74
Females	53
	<hr/>
	127
	<hr/>

B.C.G. VACCINATION

Protective inoculation by B.C.G. vaccination carried out by the Chest Physician under the Authority's approved arrangements was provided to thirteen persons, all child contacts, during the year.

Age groups of the children inoculated:

Under 1 year	..	..	..	..	..	9
2 to 5 years	..	..	..	..	..	2
5 to 10 years	..	..	..	..	..	2

B.—ILLNESS GENERALLY

All the services provided by the Department and particularly the Health Visiting, Home Nursing and Domestic Help Services are available in other types of illness when required.

C.—PROVISION OF CONVALESCENCE

The Authority's arrangements provide that all necessary care and after care is available to persons recovering from illness and to other invalids including provision for convalescence in cases not otherwise provided for.

Under these arrangements one man was enabled to attend the Rehabilitation Unit, Preston Hall, British Legion Village, Maidstone, for a period of 80 days, and one woman was admitted to St. Luke's Home, Eastbourne, for a period of 13 days.

D.—LOAN OF EQUIPMENT

A total of 768 articles from stocks held in the Home Nursing Section of the Department was loaned to 435 patients.

<i>Year</i>	<i>Number of Loans</i>	<i>Number of Persons</i>	<i>Number of cases where no charge made</i>
1953	768	435	110
1952	672	363	69
1951	709	328	71
1950	550	337	68
1949	42	27	3

E.—VOLUNTARY ORGANISATIONS

In appropriate cases full advantage was taken of the many and varied services provided by such bodies as the Order of St. John, the British Red Cross Society, the Guardianship Society, the National Society for the Prevention of Cruelty to Children and the Eastbourne Voluntary Association for the Care of Cripples.

F.—HEALTH EDUCATION

Health Education is regarded as one of the most important activities of the Department.

There is ever increasing evidence to show that the state of health of the individual is largely conditioned by the everyday habits of living of himself and of his progenitors.

Unfortunately, however, the man in the street is given all too little opportunity of being made aware that his gastric ulcer, rheumatism, constipation or decaying teeth have a direct connection with his feeding habits. Since in most cases the major part of his "education" on feeding is obtained from the advertisements of the food manufacturers it is hardly surprising that he so often has little idea of the essentials of nutrition. This point is illustrated by the following extract from the authoritative Memorandum of the British Dental Association:

"Statistics of the incidence of caries in races, both present day and in the past, show that there is an association between their caries incidence and their consumption of carbohydrates. In particular there is a very marked connexion between the consumption of the more rapidly fermentable carbohydrates such as domestic sugar or glucose and caries; this is well shown in the caries statistics of this and other Western European countries during the recent war when the rations of sweets and sugar were greatly reduced."

Notwithstanding this we learn from the Annual Report of the Cocoa, Chocolate and Confectionery Alliance for 1953 that whereas in 1952 the industry's output for the home trade was about 420,000 tons, during the year following the end of rationing in February, 1953, it rose to about 595,000 tons—a rise of over 40 per cent.!

The same memorandum of the B.D.A. states that it is essential that dental health education should be undertaken far more vigorously than is the case at the present time. This advice applies with even greater force to health education as a whole and will serve as an encouragement to our activities, particularly the patient word of mouth education undertaken by the doctor, dentist, health visitor, midwife and sanitary inspector.

G.—SITTER-UP SERVICE

In 36 cases of sickness at home requiring attention at night the services of 13 "sitters up" were used on 228 nights at a cost of £172.

H.—LAST OFFICES

The services of persons in connection with last offices were used in 7 instances at a cost of approximately £6.

SECTION 29—DOMESTIC HELP

The Local Health Authority's scheme provides for the employment of 20 full time Domestic Helps.

The demand for this service continued to exceed the supply of Domestic Helps available, and recommendations were in hand towards the close of the year with a view to an increase in the establishment.

The service does much to enable old people to remain in their own surroundings and thereby lessens the already pressing demands for Part III and hospital accommodation.

The numbers employed at the end of the year were:

Whole time	3
Part time:	
40 to 44 hours	5
24 to 40 hours	15
Less than 24 hours	4
	— 24
	—
	27
	—

Three hundred and thirty cases were granted the services of a Domestic Help. In 144 cases the charges according to the Local Health Authority's scale were reimbursed by the National Assistance Board. The following are particulars of the assessments in the cases assisted:

<i>According to Scale</i>	<i>New Cases</i>	<i>Old Cases</i>
Full Cost	41	11
Part Cost	2	—
Free	11	9
<i>Special Cases</i>		
Part Cost	21	16
Free	45	30
<i>National Assistance Board Cases</i>	55	89
	— 175	— 155
	—	—
Total	330	—

SECTION 51—MENTAL HEALTH SERVICE

The administration of the Service and work undertaken in the community remain as described in my report for 1952 with the exception that following the resignation of the Occupational Therapist in July, 1953, no full time replacement was appointed and her services in the Occupation Centre were undertaken by a suitable state enrolled assistant nurse.

The Occupation Centre for mental defectives continued during the year on a part-time basis in the Central Clinic, but I am happy to report that the Health Service Committee agreed in principle in December 1953 to its establishment in separate premises on a five-day week basis.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

It is with concern that I have to report a further sharp rise in the number of persons admitted to Mental Hospitals during the year.

The position is illustrated by the following table which gives a comparison between numbers of cases admitted to mental hospitals over the past five years:

Year	Population	<i>Patients Admitted to Mental Hospitals</i>		
		<i>Voluntary</i>	<i>Certified</i>	<i>Others</i>
1949	56,880	95	28	1
1950	58,050	123	41	1
1951	57,510	148	29	1
1952	57,200	137	51	3
1953	57,190	178	57	—

It must also be recorded that 261 persons remained in Mental Hospitals on the 31st December, 1953, an increase of 36 over the previous year and 55 more than on 31st December, 1951. If this rate of increase remains unchecked approximately twice the number of mental hospital beds will be required for the local population in ten years' time.

Clearly the most careful attention must be devoted to the mental and spiritual welfare of the family to prevent the necessity of these admissions.

ST. MARY'S HOSPITAL (Designated under Section 20).

Eight men and 20 women were admitted under this Section on orders signed by the Duly Authorised Officers. Of the 8 men, 3 were later certified and 2 admitted as voluntary patients: 2 were dealt with privately and 1 discharged. Of the 20 women, 11 were certified, 4 admitted as voluntary patients, 1 dealt with privately and 4 discharged.

HELLINGLY HOSPITAL

(a) *Certified Cases (Sections 14-16 Lunacy Act, 1890)*

Fifty-three persons (16 male and 37 female) were certified. Of that total 16 were admitted from their own homes, the remaining 37 being admitted from St. Mary's Hospital.

(b) *Urgency Orders (Section 11, Lunacy Act, 1890)*

No cases were admitted under Urgency Orders.

(c) *Voluntary Patients (Section 1, Mental Treatment Act, 1930)*

The admissions of 87 persons were arranged by the officers (32 men and 55 women). Forty-one of these were admitted from their own homes and 46 from St. Mary's Hospital.

(d) *Temporary Patients (Section 5, Mental Treatment Act, 1930)*

No cases were admitted under this Section.

The position in regard to patients in Mental Hospitals at the beginning and end of the year was:

	<i>St. Francis Hospital</i>			<i>Hellingly Hospital</i>			<i>Others</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	
December 31st, 1952 ..	33	73	—	41	72	1	—	5	—	225
Admitted during 1953 ..	9	3	—	80	138	—	2	3	—	235
Discharged during 1953	9	4	—	67	95	1	—	1	—	177
Died during 1953 ..	1	4	—	8	9	—	—	—	—	22
December 31st, 1953 ..	32	68	—	46	106	—	2	7	—	261

CARE AND AFTER CARE

During the year one male case was referred by a Mental Hospital for follow up on discharge.

In connection with mental ill health the Authorised Officers made 244 visits and 269 interviews were given at Avenue House.

PSYCHOLOGICAL OUT-PATIENT CLINIC

This clinic continued to be held as in previous years at the Princess Alice Hospital on Monday afternoons, conducted by the medical staff of Hellingly Hospital. They continued to give valuable service in the early treatment of mental disorders, for consultation and for after care.

MENTAL DEFICIENCY ACTS, 1913-38

Nine males were added to the Register, 3 on notification by the Local Education Authority (under Section 57 (5) of the Education Act, 1944), 4 being transferred from Mental Hospitals and 2 entering the area from other authorities. Two males were removed from the Register: 1 institution case dying and 1 the Order being discharged, while on licence from an institution.

Three females were added to the Register, 1 being notified under Section 57 (3) of the Education Act, 1944, 1 under Section 57 (5) of the Education Act, 1944, and 1 on ascertainment.

Three females were removed from the Register, 2 supervision cases died and 1 left the area of this authority.

Three males and 3 females were awaiting institutional vacancies.

The Brighton Guardianship Society continued during the year to provide valued services in connection with the placement and supervision of defectives under Guardianship. The Medical Officer of Health is a member of the General Committee of the Society and represented the Corporation at its meetings.

Cases under supervision were visited, 218 visits being made.

The position with regard to mental defectives on 31st December was:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Institutions	43	27	70
On Licence from Institutions	—	6	6
Under Guardianship ..	5	9	14
Under Supervision	32	43	75
	80	85	165

The 70 Institution cases were placed as follows: *Males Females*

Laughton Lodge, near Lewes	6	1
Brentry Colony, Bristol	7	—
Stoke Park Colony, Bristol	7	6
Barvin Park Certified Institutions, Herts.	1	—
Princess Christian Farm Colony, Hilden- borough	3	—
Rampton State Institution	2	1
St. Teresa's Certified Institution, near Farnham	—	9
Hortham Colony, Almondsbury, Bristol	—	1
Etloe House Certified Institution, Leyton	—	2
Darenth Park, Dartford	7	4
St. Lawrences, Caterham	1	—
Pouchlands Hospital Certified Institution, Chailey	1	—
Hill House, Rye	—	3
St. Helens Hospital, Hastings	3	—
Eastry Hospital, near Sandwich	1	—
Leybourne Grange, West Malling ..	4	—
	43	27

SECTION C

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications of Infectious Disease

Food Poisoning

Tuberculosis

Chest Physician's Report

Venereal Diseases

INFECTIOUS DISEASE

The increase in the total notifications to 1,226 from 318 the previous year is largely accounted for by the 919 notifications of measles recorded. The incidence of the disease locally followed the national pattern and no deaths or serious complications were reported. There were no cases of diphtheria.

Admissions of infectious disease to hospital fell from 81 to 65. I should like to encourage the growing tendency to nurse certain cases of infectious disease—particularly children—in the home provided that adequate facilities for isolation exist.

NOTIFIABLE DISEASE	At all ages	AGE INCIDENCE								No. Removed to Isolation Hospital	Total No. of Deaths during the year
		AGE INCIDENCE						25 & over	Age unknown		
		Under 1	1-3	3-5	5-10	10-15	15-25				
Scarlet Fever	76	—	4	13	46	9	1	3	—	55	—
Whooping Cough	133	11	21	41	54	2	1	2	1	—	—
Acute Poliomyelitis: Paralytic Non-Paralytic	2 —	— —	1 —	— —	— —	— —	1 —	— —	— —	2 —	— —
Measles	919	15	131	228	483	39	10	13	—	7	—
Puerperal Pyrexia	29	—	—	—	—	—	22	7	—	—	—

NOTIFIABLE DISEASE	At all ages	AGE INCIDENCE							No. Removed to Isolation Hospital	Total No. of Deaths during the year
		0-5	5-15	15-45	45-65	65 and over	Age unknown			
Acute Pneumonia	31	4	3	4	5	14	1	—	8
Dysentery	12	—	10	2	—	—	—	—	—
Erysipelas	5	—	—	—	4	—	1	1	—
Malaria (contracted abroad)	1	—	1	—	—	—	—	—	—
Food Poisoning	18	3	1	1	3	—	10	—	—
<i>Tuberculosis:</i>										
Respiratory	51	—	5	30	10	6	—	—	11
Non-Respiratory	6	1	—	3	2	—	—	—	—

PUERPERAL PYREXIA

The Puerperal Pyrexia Regulations, 1951, came into operation on August 1st, 1951. The definition of this condition now is "any febrile condition occurring in a woman in whom a temperature of 100·4° F. or more occurred within fourteen days after childbirth or miscarriage".

On investigation, none of the 29 cases notified was found to be due to a puerperal condition.

LABORATORY INVESTIGATIONS

Grateful acknowledgement is given to Dr. J. E. Jameson, the Director of the Public Health Laboratory Service, and his staff in Brighton, not only for the numerous pathological investigations undertaken on behalf of the department but also for their ready assistance and co-operation at all times freely given.

Similar acknowledgements are also due to Dr. A. G. Shera and Dr. D. C. Taylor, pathologists to the Eastbourne Hospital Management Committee, for their investigations and assistance given whenever time did not permit reference to Brighton.

FOOD POISONING, 1953

1. *Notifications*

1st Quarter	..	..	..	..	..	1
2nd Quarter	..	..	..	..	..	2
3rd Quarter	..	..	..	..	..	15
4th Quarter	..	..	..	..	..	—
Total						18

2. *Outbreaks Due to Identified Agents*

Total Outbreaks	..	..	..	..	..	1
Total Cases	..	..	..	..	..	4

Due to *Salmonella* Enteriditis.

3. *Outbreaks of Undiscovered Cause*

Total Outbreaks	..	..	..	..	..	2
Total Cases	..	..	..	..	..	12

4. *Single Cases*

Agent Identified (<i>Salm. Typhi</i> Murium)	..	1
Unknown Cause	..	1

TUBERCULOSIS

Fifty-one cases of respiratory and 6 of non-respiratory tuberculosis were notified. Of these, 42 respiratory and 6 non-respiratory were new cases not previously notified in any other district.

NOTIFICATION REGISTER

	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER, 1st January, 1953	140	96	20	20	160	116
<i>Add:</i>						
Notifications ..	24	16	3	3	27	19
Transfers ..	3	6	—	—	3	6
Posthumous Notifi- cations ..	1	1	—	—	1	1
Returned to East- bourne ..	6	—	—	1	6	1
	<u>174</u>	<u>119</u>	<u>23</u>	<u>24</u>	<u>197</u>	<u>143</u>
<i>Less:</i>						
Deaths:						
From Tubercu- losis ..	7	4	—	—	7	4
From other causes	4	—	—	1	4	1
Left the Town ..	10	9	—	1	10	10
Arrested	3	5	7	5	10	10
	<u>24</u>	<u>18</u>	<u>7</u>	<u>7</u>	<u>31</u>	<u>25</u>
ON REGISTER, 31st December, 1953	150	101	16	17	166	118

Age grouping of new cases notified (48) and transfers to the area (9):

	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
<i>Age Groups:</i>						
Under 1	—	—	—	—	—	—
1-5	—	—	1	—	1	—
5-10	1	—	—	—	1	—
10-15	1	3	—	—	1	3
15-20	2	1	—	—	2	1
20-25	3	4	—	—	3	4
25-35	5	7	1	1	6	8
35-45	7	1	—	1	7	2
45-55	3	2	—	—	3	2
55-65	2	3	1	1	3	4
Over 65	4	2	—	—	4	2
	<u>28</u>	<u>23</u>	<u>3</u>	<u>3</u>	<u>31</u>	<u>26</u>

DEATHS.—Eleven persons died from tuberculosis of the lungs in the following age groups:

						<i>Respiratory</i>	
						<i>Males</i>	<i>Females</i>
25-45 .. ..	..	..	..	..	..	2	—
45-65 .. ..	..	..	..	..	..	3	1
65-75 .. ..	..	..	..	..	..	2	3

The death rates per 1,000 of population were:

Respiratory	..	..	..	..	..	0·19
Non-Respiratory	..	..	..	..	..	0·00
All forms	..	..	..	..	..	0·19

CHEST PHYSICIAN'S REPORT

Local Authorities are responsible for the prevention, care and after-care of tuberculosis, and Regional Hospital Boards and Boards of Governors are responsible for the diagnosis and treatment of this disease. So far as the work done here, with regard to tuberculosis, is concerned, this division of responsibility is almost entirely theoretical and in practice the progress of each patient through the broad stages of diagnosis, treatment and after-care, with any necessary care, other than medical, during each stage, proceeds smoothly.

There are, however, and, perhaps, inevitably with these present arrangements, occasional borderline cases for whom both the Regional Board and the Local Authority are reluctant to accept full responsibility.

There are numerous sufferers from tuberculosis in the town who require much more assistance, apart from the provision of official help (to which of course there is a limit), and in our work at the chest clinic we sorely miss the voluntary help which one feels sure lies dormant in Eastbourne.

One reads in the Press of the remarkable progress made during the past two or three years in building new homes throughout the country and one is sorry to report that locally this has not yet—although it may be later—been accompanied by any noticeable speed-up in re-housing the tuberculous.

The figures relating to the work done are published in the same form as last year but they do not of course in any way accurately reflect the amount of work done. Practically every case of tuberculosis discovered brings with it numerous problems, both from the social and economic point of view and we have a duty to try to solve these before we can expect the patient to derive the maximum benefit from his or her treatment. In this connection our tuberculosis health visitor does invaluable work but she and I would very much welcome some help from voluntary workers, in solving these often most distressing problems.

With regard to the actual prevention of tuberculosis, the following methods are practised here:

(1) An effort is made to impress upon the patient the extreme importance of scrupulous care in the disposal of infective material, of safe methods of laundering, and of maintaining a high standard of personal cleanliness.

(2) An endeavour is made to diagnose cases before they become infectious and, for those rendered non-infectious as a result of treatment, to start further treatment, if this is ever necessary, before they have relapsed so far as to become infectious again.

(3) As far as possible the nature, place and conditions of work of each patient are investigated and patients are advised and persuaded to give up any job which may possibly result in spread of infection, e.g., ice-cream sellers and hotel workers, but it is difficult to keep track of the seasonal workers in a town like this, working in the hotels, restaurants and cafes.

(4) The contacts of every known case are examined regularly and an effort is made to examine, at least by radiography, not only close familial contacts, but friends, colleagues at work, and so on. The only real limit to the number of such examinations is the capacity of the present X-ray department at St. Mary's Hospital to deal with them. This bottleneck will, we hope, soon be broken. It sometimes happens that not until after death does it become known that a person has had tuberculosis. The contacts of such cases are similarly treated.

During the year 134 new contacts were seen and 229 contacts attended for follow-up examinations. Thus a total of 363 contacts were seen, most of them more than once, as shown by the total number of contact attendances, which was 608.

Approximately 4 contacts were seen for each new case discovered. We should like a much higher figure but the difficulties of having to get time off from work and particularly in getting a sufficient number of X-ray appointments have so far prevented this.

(5) Those contacts who are tuberculin negative are offered vaccination with B.C.G., which helps to confer some immunity, and most accept. Thirteen contacts were inoculated during 1953.

(6) The annual visits of the Mass Radiography Unit are welcomed as a potent method of discovering cases of tuberculosis previously unsuspected.

(7) Every effort is made to bring to the notice of the Housing Department, through the Medical Officer of Health, cases in which it is felt that re-housing would:

(a) increase the patient's chances of recovery and of re-remaining recovered; and

(b) lessen the risk of infection.

At present a patient who is not infectious stands little chance of re-housing. It would thus appear that in order to get re-housed he must wait for a breakdown in health. On the other hand so long as the housing shortage persists the infectious cases must obviously take precedence although *all* cases of tuberculosis should have priority.

Whilst on the subject of housing, there will always be a very few persons who are complete respiratory cripples—it would be a remarkably progressive step to bear these in mind whenever a housing scheme is considered and even to go so far as to build or plan houses or flats specifically for these cripples.

As will be realised a large number of bodies and persons are concerned in one way or another with the prevention of tuberculosis, on which I have written at some length—Local Authority Committees (i.e. housing and health services), the Medical Officer of Health, employers, the Labour Exchange, The Assistance Board, Ministry of Pensions and National Insurance, the Health Visitor, Chest Physician and others. There is no central co-ordinating committee such as a Care committee.

So far as the figures are concerned, compared with last year, the only noteworthy ones are an increase of 10 new cases diagnosed, making a total of 29 (of these 16 were diagnosed in the earliest stages and prior to becoming infectious), a marked decrease in numbers written off the clinic register (1952 being exceptional as the register was overhauled that year), and an appreciable increase in the number of contacts examined (due of course to the increase in the new cases).

It is interesting to note that the proportion of contacts found to have tuberculosis was 4 out of 134, and this shows that however tedious this work may seem it is very well worth while.

(Signed) A. H. FERGUSON GOW,
Chest Physician.

VENEREAL DISEASES

The treatment Centre for Venereal Diseases, for which the Hospital Management Committee is responsible, was at the Princess Alice Memorial Hospital. Two weekly sessions were held—Mondays for women and children, and Wednesdays for men.

The following cases, which include two of syphilis and six of conditions other than syphilis or gonorrhoea from outside the Borough, attended the Centre—the figures in brackets relate to 1952.

	Males		Females		Total		Grand Total
	Old Cases	New Cases	Old Cases	New Cases	Old Cases	New Cases	
Syphilis	5 (9)	1 (1)	5 (6)	2 (3)	10 (15)	3 (4)	13 (19)
Gonorrhoea	1 (3)	4 (2)	— (—)	— (—)	1 (3)	4 (2)	5 (5)
Other Conditions ..	11 (9)	18 (29)	19 (11)	18 (13)	30 (20)	36 (42)	66 (62)
	17 (21)	23 (32)	24 (17)	20 (16)	41 (38)	43 (48)	84 (86)

The total attendances were 146 (239), Males 75 (139), Females 71 (100).

SUMMARY 1942-53

<i>Year</i>	<i>(1) Total Cases</i>	<i>(2) Non-V.D. Cases included in (1)</i>	<i>(3) Attendances</i>		
			<i>(a) For M.Os. Attention</i>	<i>(b) Intermediate Times</i>	<i>(c) Total</i>
1942	118	42	399	168	567
1943	216	90	694	231	925
1944	271	123	766	181	947
1945	286	151	646	118	764
1946	277	148	756	318	1,074
1947	204	112	628	147	775
1948	160	96	461	12	473
1949	155	80	454	58	512
1950	160	68	348	68	416
1951	98	62	286	20	306
1952	86	62	223	16	239
1953	84	66	141	5	146

SECTION D

MISCELLANEOUS

Nursing Homes
 Nurses Agencies
 Nurseries and Child Minders
 Childrens Act, 1948
 National Society for Prevention of Cruelty to Children
 Staff Medical Examinations
 Midwives Act, 1951
 Epilepsy and Cerebral Palsy
 Seaweed Flies

PUBLIC HEALTH ACT, 1936—SECTION 187

NURSING HOMES

Two Nursing Homes were removed from the Register during the year, the Certificate of Registration being surrendered voluntarily in each case.

At the end of the year eleven Nursing Homes on the Register provided 128 beds for chronic, medical and surgical cases, and 4 beds for maternity cases.

Visits of inspection were made by the medical staff of the Department to all registered Nursing Homes.

NURSES ACTS, 1943 and 1945

NURSES AGENCIES

Licences in respect of the two existing Agencies were renewed. The records of the Agencies were inspected by the medical staff of the Department.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Three premises where children are received to be looked after for the day, or a substantial part of the day, or for any longer period not exceeding six days, remained registered under this Act.

Four persons were registered as Child Minders during the year and these being the number registered at the end of the year.

CHILDREN ACT, 1948

RESIDENTIAL HOMES AND NURSERY

The Medical Officer of Health was on the list of general practitioners of the Local Executive Council and, in that capacity, was responsible for the medical care of all children in the Council's Residential Homes and Nursery. In addition to medical examination by the staff of the Department prior to admission, all children in the Homes were medically inspected once a quarter and children in the Nursery were inspected monthly.

Dental inspection of the children was carried out in the Homes by the Chief Dental Officer and any necessary treatment was provided without delay through the School Dental Service or, in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

REPORT OF THE INSPECTOR OF THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

1. Cases brought to the notice of the N.S.P.C.C. by the staff of the Public Health Department:

<i>Classification</i>	<i>No.</i>	<i>Children (age)</i>				<i>Action</i>	<i>Result</i>
		0-2	2-5	5-15	15-17		
Neglect	10	3	11	15	—	Warned and Supervised	General improvement and on the whole satisfactory
Advice or Aid sought	4	2	1	5	—	Advised and helped	Advice and directions followed
Beyond control	1	—	—	1	—	Warned and supervised	Satisfactory result
Total	15	5	12	21	—	Number of visits paid in respect of these cases— 102	
			38				

2. Other cases totalling 79, reported by the general public and other official bodies, were classified as:

Neglect	31	} These cases involved 148 children, 91 of whom were of school age. The number of visits made in connection with these cases was 430.
Advice and aid sought	..	..	38
Ill-treatment	..	..	6
Beyond control	..	..	3
Abandonment	..	..	1

On the whole the results are considered satisfactory, response to warnings resulting in improvements which, however, it is difficult to say will be lasting.

STAFF MEDICAL EXAMINATIONS

A considerable proportion of the time of the Medical Staff of the Department was devoted to medical examinations of new entrants to the Corporation staff and entrants to the Council's Superannuation Scheme. In addition, special medical examinations were carried out and reports made in regard to members of the staff of various Departments in cases of absence from work through illness or accident. Examinations were also carried out on candidates for admission to Training Colleges throughout the country.

A total of 198 such examinations were carried out.

MIDWIVES ACT, 1951

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951.

During the year, thirty-six midwives notified their intention to practise, of whom six were in the Local Health Authority Domiciliary Midwifery Service, twenty-six were employed in the Hospital Service, and four in private practice.

EPILEPSY AND CEREBRAL PALSY

The known incidence of epilepsy and cerebral palsy in the area of this Authority is low in relation to the estimated national incidence of 2 per 1,000, being approximately 0·63 per 1,000. The table below indicates the number of persons ascertained and the sources of ascertainment and supervision.

<i>Number of Persons Ascertained</i>				
	<i>Local Education Authority</i>	<i>Mental Health Service</i>	<i>Voluntary Association for the Care of Cripples</i>	<i>In Institutional Care</i>
Epilepsy	11	*7	—	6
Cerebral Palsy ..	3	*6	4	1

* Includes two persons with both epilepsy and cerebral palsy.

All of the Authority's Local Health Services are available to, and are used in proportion to the demands made upon them by handicapped persons.

The Council has an approved scheme under the National Assistance Act, Sections 29 and 30, for handicapped persons other than blind, partially sighted and deaf and dumb, and the section of the Department dealing with Welfare under the National Assistance Act is also responsible for Mental Welfare under Section 51 of the National Health Service Act providing an automatic and adequate liaison.

A considerable degree of exchange of information in regard to patients takes place between individual medical members of the staff of hospitals and the Medical Officer of Health which is found to be of particular value in regard to children who fall in the various handicapped classes and a growing liaison exists between the Health Visiting and Welfare Sections of the Department and the Almoners of local hospitals. The Senior Health Visitor is officially associated with the Eastbourne Voluntary Association for the Care of Cripples in the capacity of Honorary Secretary.

The Medical Officer of Health is the Chief Officer of the Welfare Services for the purposes of the National Assistance Act, a member of the Local Medical Committee of the Eastbourne Executive Council and of the Group Medical Committee of the Eastbourne Hospital Management Committee, thus providing co-ordination of Health and Welfare Services with a link at Officer level between all branches of the National Health Service.

SEAWEED FLIES

Commencing in late September heavy infestations of seaweed flies, of the species *coelopa frigida* and *coelopa pilipes*, were reported from beaches along extensive lengths of the South Coast.

Close watch was kept in Eastbourne and no unusual activity was noted until the first week in November. The problem never became serious and little or no inconvenience was caused to the public.

Consultations took place with neighbouring authorities and officials of the Ministry of Agriculture and Fisheries and agreement was reached that this unusual prevalence of a naturally occurring species of seaweed fly did not constitute a public health danger.

Spraying of the beaches was carried out by a number of authorities but, fortunately, did not prove necessary here.

SECTION E

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Public Baths

Sanitary Administration:

Food Inspection and Supervision

Housing

Factories Acts

Rodent Control

WATER SUPPLY

The water supply of the Borough remained as described in my 1952 report.

The results of nine chemical and eighty bacteriological examinations of both raw and piped supplies carried out on behalf of the Eastbourne Water Works Company and of the Public Health Department were uniformly satisfactory, indicating that the water was wholesome in character and suitable for public supply purposes.

PUBLIC BATHS

The Public Baths under the control of the Public Health Committee are:

(1) OLD TOWN

(a) *Individual Baths (hot and cold):*

Twelve baths are provided for males and 5 for females.

(b) *Swimming Bath:*

This bath has a capacity of approximately 46,000 gallons. The water used in the bath is pumped from a well on the premises and is treated by a modern and up-to-date filtration and chlorination plant (break-point conditions).

(2) SEASIDE

Thirty individual baths are provided, 15 for males and 15 for females.

The numbers using these individual baths were:

			<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Old Town	..	..	6,591	4,584	1,010	12,185
Seaside	..	..	12,937	8,007	1,882	22,826
			<hr/>	<hr/>	<hr/>	<hr/>
			19,528	12,591	2,892	35,011
			<hr/>	<hr/>	<hr/>	<hr/>

The totals during the previous five years were:

			<i>Old Town</i>	<i>Seaside</i>
1948	..	..	16,880	35,416
1949	..	..	17,041	37,095
1950	..	..	15,768	34,415
1951	..	..	12,499	25,635
1952	..	..	12,252	21,114

The Old Town Swimming Bath was open from 27th April to 31st October. The numbers using the bath during this period were:

Organised Parties:

Sessions for:

Local Authority schools	..	..	12,920
Private schools	..	..	1,252
Youth organisations	..	..	334
Mixed bathing	..	..	4,160
Women and girls	..	..	1,264
Men and Boys	..	..	1,912
			<hr/>
			21,842
			<hr/>

The users in the previous five years were:

1948	..	..	..	..	..	16,859
1949	..	..	..	..	..	16,413
1950	..	..	..	..	..	11,521
1951	..	..	..	..	..	11,533
1952	..	..	..	..	..	18,290

Regular routine tests of the chlorine content of the water were carried out every two hours by the Attendant-in-Charge and regular samples of the bath water taken for bacteriological examination.

REPORT OF THE CHIEF SANITARY INSPECTOR

SANITARY ADMINISTRATION

GENERAL SUMMARY

Number of visits made during the year:

For general purposes	..	..	..	..	4,819
Housing	..	..	..	..	1,924
Food and Food Premises	..	..	..	..	3,844
Infectious Diseases	170
Rodent Control	407
Miscellaneous	1,458

Total	12,622
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Number of food samples taken	692
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Number of meat carcasses inspected	19,842
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INSPECTION OF FOOD SUPPLIES

It is pleasing to note the many instances of improvements taking place in food premises on the initiative of the owner or proprietor. Many internal improvements have been made and the tendency in the larger kitchens has been towards streamlining the appliances and the provision of adequate hot water. Good structural conditions and modern fittings are, however, of secondary importance to clean methods in the handling of food and it is to this latter aspect that our efforts must constantly be directed.

Quiet talks to food handlers on the spot during inspections are continuing to produce good results. In a seaside resort there is, during the season, considerable communal feeding, and, whilst in the main the staff handling food were keen to employ hygienic methods, the large proportion of casual seasonal labour engaged requires that the Inspectors must continually endeavour to raise the food handling standard of these people. The paramount importance of the frequent and thorough washing of hands is constantly stressed. The officers continued to receive co-operation from those engaged in the trade. Details below show the number of inspections made to food premises generally:

Dairies and Milk Distributors	..	..	..	176
Ice Cream Manufacturers	..	..	..	163
Ice Cream Retailers	..	..	..	366
Bakehouses	..	..	..	61
Butchers' Shops and Wholesale Depots	..	..	..	260
Fish Shops	..	..	..	80
Fried Fish Shops	..	..	..	39
Fruiterers	..	..	..	142
Other food shops and stores	..	..	..	606
Hotel and Restaurant Kitchens	..	..	..	302
Slaughterhouses	..	..	..	492
Food Samples taken	..	..	..	692
Merchandise Marks Act and Orders	..	..	..	106
Visits in connection with Unfit Food	..	..	..	359

Ministry of Health Circular No. 1/54 requires that the number of food premises, by type of business, shall be set out in the Annual Report. Those in the Borough fall under the following classifications:

Butchers	..	..	..	..	..	41
Fish and Fried Fish	..	..	..	..	..	31
Grocers, Provision and General Stores	..	..	..	..	..	142
Fruiterers and Greengrocers	..	..	..	..	..	63
Restaurants, Cafes and Snack Bars	..	..	..	..	..	116
Bakers and Bakers Shops	..	..	..	..	..	42
Confectioners (other than flour confections)	..	..	..	..	..	82
Delicatessen and Sandwich Shops	..	..	..	..	..	7
Meat Products Factories	..	..	..	..	..	6
Wholesale Manufacturers or Suppliers	..	..	..	..	..	7
Public Houses and Hotels with open bars	..	..	..	..	..	54

The number of food premises, other than ice cream, registered under Section 14 of the Food and Drugs Act, 1938, were:

Butchers Shops	..	..	..	..	..	32
Grocers and Provision Stores	..	..	..	..	..	16
Cooked Meat Manufacturer	..	..	..	..	..	1
Fried Fish Shops	..	..	..	..	..	8
Potato Crisps Manufacturer	..	..	..	..	..	1

MILK AND DAIRIES REGULATIONS

The following premises were registered under these Regulations:

Dairies	..	..	..	..	..	9
Distributors	..	..	..	..	..	39

Of these, one dairy and two distributors were registered only for the sale of cream.

The distinguishing feature under the Regulations is that a Dairy is a place where milk is processed and handled, and Distributors are occupiers of premises, not necessarily Dairies, where milk is sold in the unopened containers in which it is received.

Frequent samples of milk were taken during the year to ensure:

- (a) that the chemical composition complied with the requirements of the Sale of Milk Regulations;
- (b) that the milk had been effectively pasteurised and handled;
- (c) that the milk as delivered to the dairies was free from the germ of tuberculosis.

SALE OF MILK REGULATIONS

Of the thirty-five samples submitted to the Public Analyst, nine were milk which was sold as "Channel Island Milk."

The following table shows the average composition of the samples and the average of the samples of Channel Island Milk.

<i>Samples Taken</i>	<i>Milk Fat %</i>	<i>Milk Solids other than Milk Fat %</i>
Average for the Year	3.59	8.71
Richest Sample (December)	3.85	8.95
Lowest Sample (August)	3.15	8.52
Average of Channel Island Milk Samples	5.27	9.14
Requirements of Sale of Milk Regu- lations	3.00	8.50

MILK (SPECIAL DESIGNATION) REGULATIONS

The following licences were granted:

To Pasteurise Milk	1
Dealers' Licences to use the designation "Pasteurised"	33
Dealers' Licences to use the designation "Sterilised"	5
Dealers' Licences to use the designation "Tuberculin Tested"	8

With the exception of farm bottled milk sold as Tuberculin Tested Milk, practically the whole of the milk as supplied retail in Eastbourne is Pasteurised and the milk supplied to householders is now exclusively in bottles having an over-all metal cap. There is only one pasteurising establishment in the town; other local dairies are supplied from these premises.

Some pasteurised milk is brought from Brighton already processed and bottled.

All pasteurised milk sold in the town is treated by the high temperature, short time method, that is, the milk is raised to a temperature of at least 161° F., maintained at that temperature for 15 seconds and immediately cooled to a temperature at or below 50° F.

Samples are submitted to the Public Health Laboratory at Brighton for examination by the Methylene Blue test for keeping quality and the Phosphatase test for heat treatment.

One dairy imports a supply of sterilised milk already bottled and sealed. Samples of this milk are also submitted to the above laboratory for examination by the Turbidity test.

The number of samples taken and the results are as shown:

<i>Class of Milk</i>	<i>No. of Samples Tested</i>	<i>Appropriate Tests</i>	<i>Number of Samples</i>	
			<i>Passed</i>	<i>Failed</i>
Pasteurised ..	105	Phosphatase ..	105	—
		Methylene Blue ..	103	2
Tuberculin Tested Pasteurised ..	24	Phosphatase ..	24	—
		Methylene Blue ..	22	2
Tuberculin Tested (Farm Bottled)	22	Methylene Blue ..	16	6
Sterilised	21	Turbidity Test ..	21	—

The samples of pasteurised milk which failed to comply with the Methylene Blue test were taken during the hottest months of the year. Examination of the plant, etc., at the dairy did not reveal any reason for the failures; subsequent samples were satisfactory.

In the case of samples of tuberculin tested (farm bottled) milk which failed to satisfy the Methylene Blue test the reports were referred to the County Milk Production Officer for attention at the farms. Follow-up samples were satisfactory.

EXAMINATION OF MILK FOR THE PRESENCE OF TUBERCULOSIS

Samples for this purpose were taken from the milk of various distributors as it arrived at the local dairy. Ninety such samples were submitted, of which 83 proved to be negative, 3 positive and in 4 cases the guinea pigs inoculated with the milk died less than four weeks after inoculation. No evidence of tuberculosis was found in these cases.

Reports on the samples which proved to be positive were forthwith passed to the Divisional Veterinary Officer, Ministry of Agriculture and Fisheries, who then inspected the animals of the herd of origin of the milk. At one farm a cow was found to be excreting tuberculous milk, and in the second case one cow was found on clinical examination to be suffering from tuberculosis. Each of these cows was subsequently slaughtered. In the third case the entire herd had unfortunately been dispersed between the time of sampling and the date on which the report was received.

MANUFACTURE AND SALE OF ICE CREAM

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 14 of the Food and Drugs Act, 1938, was:

(a) Wholesale Manufacture	..	..	..	1
(b) Manufacture and Retail Sale	..	..	..	14
(c) For the Sale of Ice Cream	..	..	..	117
(d) For Storage of Ice Cream for the purpose of Sale				1

Two applications for the registration of premises for the storage and sale of ice cream were refused; the applicants did not appeal.

BACTERIOLOGICAL EXAMINATION

For the purposes of ensuring that the requirements of the Ice Cream (Heat Treatment, etc.) Regulations were carried out 163 visits were paid to premises to check on the effectiveness of the heat treatment, general conditions of manufacture and distribution, and 366 visits were paid to retailers' premises to ensure satisfactory conditions of storage and handling of the ice cream. One hundred and forty-nine samples were taken and submitted to the Public Health Laboratory for examination by the Methylene Blue test. There is no legal bacteriological standard for ice cream, but the Minister of Health has suggested that provisional grades to be taken as a guide are:

Grade							<i>Time taken to reduce Methylene Blue</i>
1	..	..	..	..	..	..	4½ hours or more
2	..	..	..	..	..	..	2½ to 4 hours
3	..	..	..	..	..	..	½ to 2 hours
4	..	..	..	..	..	..	Less than ½ hour

The samples were graded as follows:

Grade 1	..	..	..	..	..	..	40
Grade 2	..	..	..	..	..	..	65
Grade 3	..	..	..	..	..	..	38
Grade 4	..	..	..	..	..	..	6

Grades 1 and 2 are deemed to be satisfactory, Grades 3 and 4 less satisfactory and require further attention. The number failing to be satisfactory is to some extent accounted for by the fact that the products of some manufacturers are consistently graded in Grade 1, therefore rather less attention was paid to these vendors and more sampling, with consequent following-up, where the grading was not satisfactory. In some cases several samples from the same manufacturer fell into the lower grades until the cause of failure was eliminated.

CHEMICAL ANALYSIS

The Food Standards (Ice Cream) Order, 1953, did not come into operation until the 1st June, therefore, for the first five months of the year there was a lower standard, the operative standards for the year being:

		1952 Order	1953 Order
Fat .. .. .	..	4%	5%
Sugar .. .. .	..	10%	10%
Milk solids other than fat .. .. .	..	5%	7½%

Thirteen samples were submitted for analysis with the following results:

The fat content ranged from 4·17% to 13·6%

The total solids content ranged from 26·8% to 37·7%

One sample was deficient in fat 16·6%. This sample is referred to under the general heading of Analysis of Food Samples.

INSPECTION OF MEAT

Efficient meat inspection is one of the more important functions of the public health services and it is essential in the public interests that a one hundred per cent. inspection shall be maintained.

It is pleasing to report that notwithstanding the fact that much evening and often weekend work was involved the Sanitary Inspectors carried out a one hundred per cent. inspection of all food animals slaughtered.

The Council, in February, resolved to adopt the recommendations contained in Memo. 3 Meat, and all meat is inspected in accordance with the recommendations in that memorandum.

With one or two exceptions in the case of cottagers' pigs, all of the slaughtering was carried out at the Ministry of Food Selected Slaughterhouse, Langney. Considerable improvements were carried out at these premises in the previous year and these improvements facilitated inspection and enabled the premises to be maintained in an hygienic condition.

The number of carcasses inspected and condemned was:

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	3592	682	1175	9142	5251
Number inspected ..	3592	682	1175	9142	5251
<i>Diseases other than Tuberculosis:</i>					
Whole carcases condemned	3	15	4	21	17
Carcases of which some part or organ was con- demned	1139	368	3	543	407
Percentage of the number inspected affected with disease other than tuber- culosis	31·8	56·2	0·6	6·2	8·1
<i>Tuberculosis:</i>					
Whole carcases condemned	12	8	—	—	1
Carcases of which some part or organ was con- demned	254	121	2	—	42
Percentage of the number inspected affected with tuberculosis	7·4	18·9	0·17	—	0·82

INSPECTION OF OTHER FOODS

The following is a list of food stuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:

Bacon (lbs.)	136 $\frac{1}{2}$	Marshmallow Creme (cartons)	13
Cake and Biscuits (lbs.) ..	159	Marshmallow Bars	51
Cereals (pkts.)	29	Meat Products (lbs.)	4 $\frac{1}{2}$
Cheese (pkts.)	854	Meat and Offal (lbs.)	2364
Cheese (lbs.)	7	Meat (2 lb. and less cans)	310
Christmas Puddings	4	Meat (4 lb. to 7 lb. cans)	241
Crabs and Lobsters (stones) ..	3	Milk (cans)	214
Cream (cans)	15	Mince meat (lbs.)	12
Crystallized and Glace Fruit (boxes)	4	Mustard (cans)	3
Custard Puddings (cans) ..	23	Nescafe (cans)	2
Dates and Figs (pkts.) ..	45	Paste, Meat and Fish (cans and jars)	204
Eggs, frozen (lbs.)	92	Patent Barley and Groats (cans)	32
Fish (cans)	83	Poultry (lbs.)	318
Fish (stones)	56	Prawns (lbs.)	16
Flavouring (pkts.)	159	Rabbits, frozen (lbs.)	92
Flour (lbs.)	6	Pickles, Sauces and Creams (bottles)	426
Fruit (cans and bottles) ..	2787	Sausages (lbs.)	394
Fruit Juice (cans and bottles)	374	Savoury Straws (pkts.) ..	25
Gravy Powder (pkts.)	106	Soup (cans)	51
Ham (lbs.)	825	Strained Foods (cans) ..	27
Health Salts (cans)	71	Synthetic Cream (gallons)	45
Jam and Marmalade, etc. (lbs.)	64	Tea (lbs.)	1 $\frac{3}{4}$
Jellies (pkts.)	2	Vegetables (cans)	458
Junkets (bottles)	8		
Malt Products (jars)	196		

Three hundred and fifty-nine inspections were made in connection with the above unsound food.

The majority of this foodstuff was dealt with in small quantities at any given time, and it was disposed of by burning at the refuse destructor.

Unfit meat from butchers' shops and wholesale stores was taken to the condemned meat room at the Slaughterhouse where it was disposed of by the Ministry of Food to reputable contractors for commercial use.

SAMPLING OF FOOD AND DRUGS

Samples of food and drugs were submitted to the Public Analyst as follows:

	Number Examined		Number Adulterated, etc.	
	Formal	Informal	Formal	Informal
Apples	—	1	—	—
Aspirin, Veganin, Koray Tablets ..	1	2	—	—
Beef Suet	1	—	—	—
Bisodol Rollmints	—	1	—	—
Blanc Mange Powder	1	—	—	—
Bread	—	2	—	1
Breadcrumbs	—	1	—	—
Butter	1	—	—	—
Cake and Pudding Mixture	3	3	—	—

	Number Examined		Number Adulterated, etc.	
	Formal	Informal	Formal	Informal
Cheese	4	—	—	—
Chewing Gum	—	1	—	—
Cocoa	1	—	—	—
Coconut	5	1	—	—
Compressed Beef	—	1	—	—
Cornflour	1	—	—	—
Cough Linctus	2	—	—	—
Creamed and Tinned Cream	—	4	—	—
Curry Powder	1	1	—	—
Custard Powder	—	1	—	—
Dates	1	—	—	—
Evaporated Milk	—	1	—	—
Fish Cakes in Oil	1	—	—	—
Fried Fish	—	1	—	—
Fruit Crushes	—	3	—	3
Frying Oil	—	2	—	—
Garden Peas	—	1	—	—
Glace Cherries	—	2	—	—
Glencitti Pearls	1	—	—	—
Glycerine	1	—	—	—
Golden Crumbs	—	1	—	—
Gravy Powder	1	—	—	—
Ground Almonds, Nutmeg and Ginger	3	2	—	—
Ice Cream	5	8	1	—
Iced Fancies	—	1	—	—
Jelly, Jelly Creams, etc.	5	2	—	—
Luncheon Sausage	1	—	—	—
Meringue Powder	—	1	—	—
Milk	35	1	—	1
Milk of Magnesia	—	1	—	—
Mint Jelly	—	1	—	—
Pepper and Pepper Flavoured Compound	—	2	—	—
Plums (tinned)	—	1	—	—
Powder Fizzer	—	1	—	—
Prune Juice	—	1	—	1
Rice, Rice Creamola and Ground Rice	3	1	—	—
Sauce	—	1	—	—
Sausages	1	—	—	—
Semolina	1	—	—	—
Shortbread	—	2	—	—
Soup	2	1	—	—
Sugar	1	—	—	—
Sultanas	1	—	—	—
Sweets	3	4	—	—
Synthetic Cream Powder	1	1	—	—
Tea	1	1	—	—
Thyme and Parsley, and Mixed Herbs	—	2	—	—
Tincture of Iodine	1	—	—	—
Tomato Spread Paste	—	1	—	—
Virol	—	1	—	—
TOTALS	90	67	1	6

ACTION TAKEN WITH RESPECT TO SAMPLES REPORTED AS UNSATISFACTORY BY THE PUBLIC ANALYST

Sample No. 239—Prune Juice

Contaminated with grit, unsuitable for human consumption. Country of origin—Belgium. Warning letter sent to wholesaler and retailer.

Sample No. 298—Bread

This loaf of bread contained a piece of cotton cloth. Proceedings were taken against the vendors who pleaded guilty to selling a loaf not of the quality demanded, and were fined £5 and costs.

Samples Nos. 312, 313 and 314—Fruit Crushes

Mould spores were present in all three samples. Volatile acid and alcohol were detected in each sample indicating that they had undergone decomposition. Samples were submitted from stock held by a retailer who was doubtful as to their fitness. Stock was voluntarily surrendered.

Sample No. 377—Ice Cream

Deficient in Fat 16·6 per cent. Warning letter sent to manufacturer/retailer.

Sample No. 443—Milk

Contaminated with 2·5 per cent. mineral oil. Having considered the report of the Sanitary Inspector it was resolved that there was insufficient evidence on which to institute proceedings.

ACTION TAKEN ON OTHER SAMPLES

Bun containing a metal tack

Warning letter sent to vendors.

Mouldy Bread

Warning letter sent to vendors.

HOUSING

The inspections made by the Sanitary Inspectors for housing purposes were:

Dwelling Houses (Housing Act)	..	..	..	483
Dwelling Houses (Public Health Act)	..	..	..	393
Verminous Houses	..	..	..	89
Re-visits	..	..	..	959

CLEARANCE AREAS

Thirteen unfit houses which were included in two Clearance Areas confirmed in 1951 were demolished and 32 persons from these houses rehoused by the Council.

INDIVIDUAL UNFIT HOUSES

The number of houses to which repairs were carried out as a result of informal action was 388.

Whilst the difficulties which formerly arose from licensing, shortage of material, etc., no longer existed, the greatest bar to owners maintaining their houses in a reasonably fit condition is financial, the cost of repairs being more than many owners can afford.

Action taken under the Housing Act generally during the year was as follows:

<i>1. Inspection of Dwelling Houses during the Year:</i>	
(i) Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts	876
(ii) Number of dwelling houses found to be so defective by reason of sanitary defects or dampness as to be unfit for human habitation	7
(iii) Number of dwelling houses (exclusive of those referred to under the previous sub-heading) found not to be in all respects reasonably fit for habitation	397
<i>2. Remedy of Defects during the Year without Service of Formal Notices:</i>	
Number of defective dwellings rendered fit in consequence of informal action	388
<i>3. Action under Statutory Powers during the Year:</i>	
(a) Proceedings under Sections 9 and 10 of the Housing Act, 1936:	
(i) Number of dwelling houses in respect of which notices were served requiring repairs	9
(ii) Number of dwelling houses which were rendered fit after service of formal notices:	
(a) By owners	7
(b) By Local Authority in default of owners ..	2
(b) Proceedings under Public Health Acts:	
(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	7
(ii) Number of dwelling houses in which defects were remedied after service of formal notices:	
(a) By owners	6
(b) By Local Authority in default of owners ..	1
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(i) Houses in respect of which Demolition Orders were made	1
(ii) Houses demolished in pursuance of Demolition Orders	1
(iii) Houses closed but not demolished in pursuance of undertaking given by owners and still in force	6

(iv) Closing Orders made (Local Government (Miscellaneous Provisions) Act, 1953)	1
(d) Proceedings under Section 12 of the Housing Act, 1936:	
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	2
(e) Housing Act, 1936—Overcrowding:	
(i) Number of dwellings known to be overcrowded during the year	35
(ii) Number of families dwelling therein	50
(iii) Number of persons dwelling therein	256
(iv) Number of cases of overcrowding relieved during the year	12
(v) Number of persons concerned in such cases ..	85

HOUSING ACT, 1949

Only one application for an Improvement Grant was received during the year. The Council, with the consent of the Ministry, agreed to make a grant of £108 out of the total cost of works of £216.

APPLICANTS FOR HOUSING ACCOMMODATION

I am indebted to the Housing Superintendent for the information under this heading:

Total number of outstanding housing applications at
31st December, 1953 1,386

Two hundred and ninety-nine families are housed in requisitioned properties.

Number of family units rehoused during 1953 .. 240

NEW HOUSES AND FLATS

Number of houses and flats built in Eastbourne in
1953 252
Number built by the Council 173
Number built by private builders 79

GENERAL SANITARY INSPECTIONS

Visits and inspections made by the Sanitary Inspectors for general public health purposes, as set out, were:

Complaints investigated	863
Schools	78
Camping Sites and Movable Dwellings	131
Places of Public Entertainment	17
Public Baths	181
Drainage and Plumbing Works	1,021
Visits in connection with:	
(i) Land Charges Enquiries	464
(ii) Timber Certificates	14
Stables and Piggeries	91
Smoke Observations	79
Pet Shops	7
Factories	178
Workplaces	96
Outworkers' Premises	102
Rag Flock Act Premises	11
Shops (Section 38, Shops Act, 1950)	102
Departmental Properties	395
Re-visits	989
Infectious Disease Investigations:	
(i) Visits and enquiries	170
(ii) Houses disinfected	105
Miscellaneous Visits	1,458

STATUTORY NOTICES UNDER THE PUBLIC HEALTH ACT, 1936

In only a few cases was it necessary to follow up an informal approach in dealing with nuisances, dustbins, etc. In most cases the work was carried out without resource to statutory action. It was, however, necessary to serve the following Statutory Notices:

Section 39—Defective drains	1
Section 75—To provide dustbins	2
Section 93—To abate nuisances	7

In one case under Section 93 the work was, at the request of the owner, carried out by the Council and the cost recovered.

In all other cases the Statutory Notices were complied with by the owner.

MOVEABLE DWELLINGS AND CAMPING SITES

Eight applications were received to station single caravans and licences were granted in each case.

The Council considered five applications for the use of land as sites for moveable dwellings. All of the applications were granted subject to conditions as to density, water supply, disposal of waste matter, etc. Two of the applications were for short period campers using tents, etc., and two for a small number of caravans, not exceeding four. The remaining application was with respect to a large permanent camping site; this application was approved both under Town Planning and Public Health provisions, but development has not yet taken place.

In addition, there is one properly laid out permanent camping site for 32 caravans. When the proposed camping site on the Crumbles is properly developed it may then be possible to prevent the stationing of single caravans on odd sites.

SCHOOLS

The sanitary arrangements at schools under the control of the Local Authority were kept under observation during the year; attention was also paid during these visits to the school kitchens and dining-rooms at those schools where meals are provided.

SHOPS ACTS

Only Section 38 of the Shops Act, 1950, is administered by this Department. This section deals with the health, comfort, etc., of shop workers.

Failure to comply with the requirements of the section was dealt with without the necessity of formal action.

RAG FLOCK AND OTHER FILLING MATERIALS ACT

There were nine premises registered by the local authority under the provisions of this Act and frequent inspections were made to these premises to ensure that the provisions as to cleanliness of materials and bedding were complied with.

FACTORIES ACTS, 1937 AND 1948

The following tables indicate the inspections made and action taken under the provisions of these Acts:

1. *Inspections for Purposes of Provisions as to Health*

	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	109	94	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	215	69	5	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	69	15	7	—
TOTAL	393	178	14	—

2. Cases in which Defects were Found

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	4	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences: (S.7):					
(a) Insufficient ..	5	5	—	—	—
(b) Unsuitable or defective ..	9	9	—	1	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to out-work)	1	1	—	—	—
TOTAL	20	20	—	1	—

PART VIII OF THE ACT—OUTWORK

(Sections 110 and 111)

<i>Nature of Work</i>	<i>Section 110</i>		
	<i>No. of Out-Workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in sending lists to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing Apparel:			
Making,			
Cleaning and washing ..	39	—	—
Household linen	6	—	—
Lace, lace curtains and nets ..	1	—	—
Curtains and furniture hangings	7	—	—
Furniture and upholstery ..	2	—	—
Umbrellas	1	—	—
TOTAL	56	—	—

Section 111

There were no instances found of work being done by outworkers in unwholesome premises.

RODENT CONTROL

As required by the Prevention of Damage by Pests Act, 1949, the work of rodent control was continued throughout the year by the rodent operators.

Complaints by occupiers were investigated and treatment carried out as necessary. The progressive survey of properties within the Borough continued and infestations dealt with as found. Some economy of labour has been found possible by the use of the bait known as "Warfarin." With the use of this bait visits to premises being treated are not required so frequently as with the pre-baiting method formerly used. There are two rodent operatives engaged for this purpose and from the table below it will be seen that 5,517 visits were made to the various types of property as enumerated.

	TYPE OF PROPERTY				Total
	Local Authority	Dwelling Houses	Agri-cultural	Business	
Number:					
Inspected on Complaint	16	243	—	14	273
Inspected on Survey or Investigation	90	647	61	258	1056
Found to be infested by:					
Rats: (a) Major ..	2	10	—	4	16
(b) Minor ..	6	185	—	12	203
Mice: (a) Major ..	4	12	—	41	57
(b) Minor ..	8	178	—	21	207
Treated by Operators ..	20	385	—	78	483
Visits for all purposes ..	307	4090	61	1059	5517

Number of block control schemes carried out 29

In addition to the surface control mentioned above the sewers are systematically baited twice in each year, usually in the months of June and November. The number of sewer manholes is in excess of 1,500 and of this number it has been found that something less than 400 are persistently infested. A test baiting of those not normally infested is carried out in the summer of each year, some 10 per cent. of the manholes being baited. Any found to be infested are included in the routine treatment. It is still necessary to use the pre-baiting method in the case of sewer treatment as "Warfarin" unfortunately does not stand up to damp conditions.

The results of the treatment carried out in June and November, together with that for the previous November for comparison, are shown in the table:

SEWER BAITING TREATMENT

	Nov. 1952	June 1953	Nov. 1953
(a) Manholes baited ..	373	364	350
(b) Showing medium to heavy infestation ..	139 (37·2%)	87 (23·9%)	124 (35·4%)
(c) Showing light infestation	99 (26·5%)	116 (31·8%)	143 (40·8%)
(d) Total showing infestation (b) and (c)	238 (63·8%)	203 (55·7%)	267 (76·2%)

SECTION F

WELFARE SERVICES

National Assistance Act:

Provision of Accommodation.

Disabled and Old Persons' Homes.

Blind Persons.

Deaf and Dumb.

Cripples.

WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948

As might be expected with an ageing population in a town of this nature, the Council's Part III accommodation remained filled throughout the year. Nevertheless, in spite of a waiting list, no really urgent applicant remained for any length of time. It will be noted that at the 31st December, 1953, this Authority was responsible for 29 cases in St. Luke's Home, an increase of 6 over the previous year.

The utmost available resources of the home nursing, health visiting and home help sections, together with the assistance of the voluntary organisations including meals on wheels were devoted to enable as many old folk as possible to remain in their own homes.

Infirmity among residents of Part III Accommodation and difficulties in securing transfer to hospital beds where necessary continued to be a difficulty.

In spite of the closest possible co-operation between the officers of the Local Authority and Hospital Management Committee the sharp division of responsibility hampers planning for the needs of the aged and chronic sick as a whole.

1. PROVISION OF RESIDENTIAL ACCOMMODATION (Section 21 (i) (a)).

A.—*Aged, Infirm or Other Persons in Need of Care and Attention.*

(i) Cavendish Lodge, Cavendish Place, provided and maintained by the Local Authority, afforded accommodation for 26 male residents. Admissions and discharges were:

In Home on 31st December, 1952	..	..	..	25
Admitted	..	..	..	19
Discharged	..	..	..	15
Died	..	..	..	3
Remaining in the Home on 31st December, 1953				26

(ii) Trevin Towers. A Local Authority Home which provided accommodation for 45 residents:

						<i>Male</i>	<i>Female</i>
In Home on 31st December, 1952	..	..	..	..	..	5	39
Admitted	..	..	..	..	..	11	27
Discharged	..	..	..	..	..	9	22
Died	..	..	..	..	..	1	5
Remaining in the Home on 31st December, 1953	..	..	..	..	..	6	39

(iii) The Wolds, College Road, a Voluntary Home owned and maintained by the Society for the Social Welfare of the Blind in Eastbourne, provided 24 beds of which the Local Authority was responsible for the following:

In Home on 31st December, 1952	..	..	..	..	..	16
Admitted	....	..	..	..	..	14
Discharged	..	..	..	..	..	13
Died	..	..	..	..	..	—
Remaining in Home on 31st December, 1953	..	..	..	..	..	17

(iv) St. Luke's Home, Cliff Road—a Voluntary Home owned and maintained by the Sisters of the Community of All Saints, provides approximately 80 beds of which this Authority was responsible for the following:

In Home on 31st December, 1952	..	..	..	..	..	23
Admitted	..	..	..	..	..	20
Discharged	..	..	..	..	..	11
Died	..	..	..	..	..	13
Remaining in Home on 31st December, 1953	..	..	..	..	..	29

(v) St. Mary's Hospital. The arrangement with the Regional Hospital Board whereby the Council is entitled to the use of up to 20 beds continued. There were no admissions and discharges.

(vi) Other Residential Homes. The following cases were accommodated in the undermentioned Homes at the end of the year:

- Epileptic .. Three—One at Chalfont Colony, Bucks.
Two at Lingfield Epileptic Colony.
- Aged .. Three—One at Bernhard Baron Cottage Homes, Polegate.
One at Salvation Army Home, Wokingham.
One at St. Elizabeth's, Seaford.

The classification of the cases remaining in the above Homes at the end of the year was:

	<i>Cavendish Lodge M.</i>	<i>St. Luke's Home F.</i>	<i>Trevin Towers M. F.</i>		<i>The Wolds F.</i>
(a) Aged Persons ..	11	10	—	18	—
(b) Physically and Men- tally Infirm ..	9	15	5	17	—
(c) Blind or Partially Sighted	1	2	1	3	17
(d) Deaf or Dumb ..	—	—	—	—	—
(e) Epileptic	1	—	—	1	—
(f) Crippled	4	2	—	—	—
TOTAL ..	26	29	6	39	17

B.—ACCOMMODATION FOR TEMPORARILY HOMELESS PERSONS (Section 21 (i) (b)).

The premises at 49 Pevensey Road were in use throughout the year for the accommodation of temporarily homeless families. The following summary shows the number of persons dealt with:

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total Residents</i>
On 31st December, 1952	5	3	5	12	20
Admitted during 1953	9	5	9	20	34
Remaining at 31st December, 1953	8	4	8	22	34

Two families consisting of 2 women and 5 children were resident throughout the year.

Six women and 1 child were accommodated at the House of the Good Shepherd, 1 woman and 1 child at the Bell Hostel, and 4 women and 3 children were accepted by St. Luke's Home, in cases where no other accommodation was available.

C.—Reception Centre (Section 17)

This continued to function in part of the former Casual Block at St. Mary's Hospital. The Local Authority acted as Agents for the National Assistance Board.

The gross total of nights spent by persons accommodated was:

				<i>Males</i>	<i>Females</i>	<i>Children</i>
January	..	..	..	180	1	—
February	..	..	..	167	—	—
March	..	..	..	220	—	—
April ..	..	..	..	210	2	—
May ..	..	..	..	242	4	—
June ..	..	..	..	241	1	—
July ..	..	..	..	271	2	—
August	..	..	..	217	2	—
September	..	..	..	183	—	—
October	..	..	..	143	—	—
November	..	..	..	153	—	—
December	..	..	..	172	—	—

The average for males was slightly in excess of 6 per night throughout year.

2. REGISTRATION OF DISABLED AND OLD PERSONS' HOMES (Section 37)

Three new Homes were registered and 1 new owner registered in respect of an existing Home. The total on the register at the end of the year was 10 for Old Persons, providing 82 beds, 2 for Disabled Persons providing 44 beds, and 5 for Old and Disabled Persons providing 109 beds.

3. REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION (Section 47).

No cases were dealt with under this Section.

4. CARE OF PROPERTY (Section 48).

Property in store at Avenue House at the end of the year:

Patients in Mental Hospitals	..	..	..	23
Persons in accommodation provided under Part III of this Act	..	..	..	2
Patients in General Hospitals	..	..	..	3

5. BURIALS (Section 50).

Arrangements were made for the burial of 7 persons. Approximately 55 per cent. of the cost involved was recovered.

6. WELFARE SERVICES (Section 29).

(a) *Blind Persons.*

(i) *Incidence of Blindness.* During the year 36 Forms B.D.8 were received, the causes of disability and treatment being as stated on the table below:

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(1) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment ..	7	—	—	11
(b) Treatment (medical, surgical or optical) ..	5	4	—	9
(2) Number of cases at 1 (b) above which on follow-up action have received treatment	2	1	—	3

During the year no cases of Ophthalmia Neonatorum were notified under the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37.

Of the cases recommended for treatment, two had operations for removal of cataract and one for glaucoma. Two operations were performed in cases of blindness from other causes, and one person received medical treatment. Three persons refused treatment, two died before treatment commenced, and seven were referred to general medical practitioners.

(ii) *Registration.* There were 201 blind persons on the Register at the end of 1952. Twenty-four new cases were certified in the year under review and 6 were transferred to Eastbourne from other areas. Twenty persons died, 3 were removed from the Register being no longer blind, 5 were transferred to other areas, and 2 were removed from the Register as untraceable. The total on the Register at the end of the year was 201 (82 males and 119 females) in the following age groups:

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years	1	—	1
Between 5 and 15 years ..	2	1	3
Between 15 and 30 years ..	4	5	9
Between 30 and 50 years ..	13	4	17
Between 50 and 70 years ..	23	26	49
70 years and over	39	83	122
	82	119	201

At the end of the year, of persons on the register aged 60 or over, 24 had glaucoma and 30 had cataract.

(iii) *Home Workers.* One blind man was included in the Home Workers Scheme of the National Institute for the Blind as a basket maker.

(b) Partially Sighted Persons.

The Council's Scheme provided that the services available for the blind shall also be generally available for the partially sighted. At the end of the year there were 48 partially sighted persons on the Register.

(c) Voluntary Organisations (Section 30).

(i) *Blind and Partially Sighted.* As in previous years a grant of £25 was made to the Society for the Social Welfare of the Blind in Eastbourne. The services provided by the organisation are also available for the partially sighted.

(ii) *Deaf and Dumb.* The Authority's Agent is the Sussex Diocesan Association for the Deaf and Dumb. Seventeen cases were on the register at the end of the year. Capitation fee remained at £3. The facilities provided by the Association were as in previous years.

(iii) *Cripples.* The Eastbourne Voluntary Association for the Care of Cripples continued to act as the Agents for the Local Authority, one of whose officers is now the Hon. Secretary of the Association. The average on the register throughout the year was 75. The capitation fee remained at 30s. 0d. The Association's work continued as in previous years, including a Handicraft Centre at All Saints' Parish Hall. The number on the register at the end of the year was 81.

(iv) *Hard of Hearing.* A grant of £25 was made to the Eastbourne District Hard of Hearing Association who continued to act as Agent for this type of case. The Association continued to make good progress and has now appointed welfare visitors in addition to extending its social side.

(d) Old People's Organisations (Section 31).

(i) *Meals on Wheels.* The W.V.S. continued to operate this most valuable service. Notwithstanding an increase by approximately 50 per cent. of the number of meals provided as compared with the previous year it is agreed by all concerned that many more meals could be taken up with benefit.

This service undoubtedly assists old people, who might otherwise need to be cared for in Part III accommodation, to remain in their own surroundings. The following table gives details of the meals served and the prices charged over the twelve ration periods:

<i>Meals Supplied</i>	<i>One Shilling and Threepence</i>	<i>One Shilling and Fivepence</i>	<i>One Shilling and Sixpence</i>	<i>Reduced Rate</i>	<i>Free</i>
552	238	—	—	125	189
495	246	—	—	128	121
596	320	—	—	160	116
294	154	—	—	82	58
725	—	352	—	211	162
497	—	249	—	150	98
654	—	284	—	198	172
538	—	246	—	162	130
569	—	223	—	198	148
723	—	203	50	248	222
576	—	—	231	207	138
623	—	—	247	271	105
6842	958	1557	528	2140	1659

The service was subsidised to the extent of £226 12s. 9d. by the Local Authority.

(ii) *Eastbourne Old People's Welfare Committee*. This Committee, on which all bodies concerned with the care of old people are represented, held meetings throughout the year.

(iii) *British Red Cross Society—Chiropody Services*. The British Red Cross Society continued to operate a Chiropody Service as in previous years. It can only be said that good as this work is, it can only touch the fringe of the demand. The Local Authority are unable to provide any services except for those persons resident in Part III accommodation.

SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT,
AVENUE HOUSE,
EASTBOURNE.

July, 1954.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the forty-sixth Annual Report on the health of the school child in Eastbourne and on the work of the School Health Department.

All work in connection with the health of the school child is undertaken in the department as but a part—albeit a most important part—of the health of the community as a whole. It therefore seems fitting that this report should form part of the Annual Report of all the Council's Health and Welfare Services.

The work of the School Health Service continued without interruption on the usual lines throughout the year. Periodic Medical Inspections took place as previously in the three statutory age groups.

On the whole it can be said that the physical conditions of the school children were good. It can also be said that too many children exhibit symptoms and signs of emotional disturbance—bedwetting, insomnia, nightmares, sleepwalking, behaviour disorders and other symptoms for which no physical cause can be found. The child not working to capacity at school is often unhappy and likely to have these symptoms.

In this respect the time allotted to our Educational Psychologist for remedial teaching of educationally retarded children is quite inadequate. Lack of time prevents her from visiting schools in order to discuss the problems of backwardness and to give help and advice to teachers on this subject which her special qualifications justify.

I have no doubt that a peripatetic teacher appointed for the purpose of teaching non-readers and backward readers would pay dividends to child, parents, school and the community.

It is to be regretted that no provision has been made in the National Health Service Act for Chiropody treatment of school children. Many suffer great personal discomfort and pain owing to lack of adequate treatment.

Enquiry into the dietary habits of school children often reveals a disquietening state of affairs. The "sit down" family breakfast of olden times does not seem to be a popular habit nowadays. The no breakfast or almost no breakfast habit seems to be common at all ages. Parents seem loath to enter into a discussion on what constitutes a good meal. It appears to be a distasteful subject—yet there is no doubt that much mental and physical ill-health is caused by an inadequate diet.

Noticeable physical defects in school children still occur but with the dismaying knowledge that 42 per cent. of hospital beds are occupied by psychiatric patients, a great responsibility is placed on the School Health Service to ensure that children leave school with whole and well adjusted personalities.

Great interest is now, quite rightly, being shown in suitable education for the handicapped child. We are fortunate in having two special day schools for the education of these children, and in having been able to obtain residential educational treatment for the more severely handicapped. Education however does not cure the disability. It is to be hoped that the tremendous task which lies ahead of providing suitable education for these handicapped children will focus attention on the importance of research work and prevention. School Medical Officers require more time to devote to research study.

I desire to express my thanks to the Chief Education Officer and his administrative and teaching staff for their help and very real co-operation. Much of the day to day work in the administration of the School Health Service has been undertaken by my Deputy, Dr. Jessie Griffin. I gratefully acknowledge her conscientious work and her substantial contribution to this report. My thanks are also due to the Staff of the Department for their loyal help during the year.

Finally, I would record my appreciation of the unfailing help and interest which you, Mr. Chairman, and members have shown throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

K. VICKERY,

Principal School Medical Officer.

EDUCATION COMMITTEE

(as constituted at 31st December, 1953)

The Mayor:

Alderman ERNEST CLAUDE MARTIN, J.P.

Chairman:

Alderman A. E. DAVIS

Deputy Chairman:

Alderman S. M. CAFFYN

Alderman:

A. E. RUSH, J.P.

Co-opted Members:

Rev. Canon L. E. MEREDITH

Rev. Canon J. H. J. CORBALLIS

Rev. G. E. HICKMAN JOHNSON

Mr. W. S. WIGHAM

Mrs. F. D. WHITWORTH

Mr. W. ELLIOTT

Councillors:

A. A. BANYARD

E. O. FINCH

Mrs. E. V. F. FORDHAM

G. S. FOYLE

W. E. HAFFENDEN

W. P. LEBBON

Mrs. F. M. LLEWELLYN

F. A. POPE

Mrs. I. A. SNELL

Mrs. K. J. UNDERHAY

B. C. WILLIAMS

SCHOOL HEALTH SERVICE

(a) Full-time Officers:

Principal School Medical Officer:

K. O. A. VICKERY, M.D., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H.
(from 4/4/53)

Deputy Principal School Medical Officer:

JESSIE GRIFFIN, M.B., Ch.B., D.P.H.

School Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B.

Principal School Dental Officer:

MAURICE G. BERRY, L.D.S., R.C.S.

School Dental Officer:

Miss JEAN D. OSWALD, L.D.S.,¹R.F.P.S.G.

School Nurses:

Miss K. M. AVIS (Senior), S.R.N., S.C.M., Part I, H.V. Cert., Public Health
Nursing Administration Certificate.

Miss J. C. M. BERK, S.R.N., S.C.M. Part I, H.V. Cert.

Miss E. L. CLARK, S.R.N., S.C.M. Part I, H.V. Cert. (from 4/5/53)

Mrs. W. CLEMENTS, S.R.N., S.C.M., H.V. Cert.

Mrs. L. FOSTER, S.R.N., H.V. Cert.

Miss E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert.

Miss M. G. HEMMING, S.R.N., S.C.M., H.V. Cert.

Mrs. S. M. JAMES, S.R.N., S.C.M. Part I, H.V. Cert.

Miss M. I. PARTRIDGE, S.R.N., S.C.M., H.V. Cert.

Miss D. J. SPOONER, S.R.C.N., S.R.N., S.C.M., H.V. Cert. (from 6/7/53)

(The School Nurses are also Health Visitors)

Clerks:

Miss B. DOUCH (Senior)

Miss J. M. WRIGHT

Dental Attendants:

MRS. D. S. ANDREWS

Miss P. L. KNOX

(b) Part-time Officers:

Orthodontic Specialist:

NORMAN GRAY, H.D.D., L.D.S., R.C.S.

Child Guidance Service:

DORIS KATHLEEN SMALL, L.R.C.P., L.R.C.S., D.P.M.

Miss MARY GARSON, M.A., A.B.Ps., Educational Psychologist

Miss P. LOMAX, Social Science Certificate, Psychiatric Social Worker

Miss E. D. SMITH, Clerk.

Speech Therapist:

Mrs. K. HANSFORD, L.C.S.T.

CLINICS

The various Clinics were held as follows:

EXAMINATION

Acacia Villa	..	..	..	Fourth Friday, 10 a.m.
Avenue House	..	..	..	Thursday, 2.15 p.m.
Hampden Park Secondary School or Highfield Primary School	..	..	..	Second Wednesday, 2.15 p.m.
(Additional Clinics were held at all three centres as and when required)				

MINOR AILMENTS

Acacia Villa	..	..	..	Daily, 9 a.m.
Avenue House	..	..	..	Daily, 9 a.m.
Hampden Park Hall	..	..	..	Monday, Wednesday and Friday, 9 a.m.
Open-Air School	..	..	..	Monday, Wednesday and Friday, 9 a.m.
Green Street	..	..	..	Daily, 9 a.m.

SPEECH THERAPY

Avenue House	Tuesday and Wednesday during School Terms, 9.15 a.m. and 2.15 p.m.
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CHILD GUIDANCE

Avenue House:				
Psychiatrist	Monday, 9 a.m. Thursday, 9 a.m. and 2 p.m.
Educational Psychologist	..	..	..	Thursday, 9 a.m. and 2 p.m.

OPHTHALMIC

Princess Alice Hospital	Special sessions fortnightly, Friday, 9.30 a.m.
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DENTAL

Avenue House	Daily, 9 a.m. and 2 p.m.
Anaesthetic Sessions	Tuesday and Thursday, 10 a.m.
Orthodontic Sessions	..	..	..	Friday, 9 a.m.

CONTENTS

1. Statistics.
2. School Hygiene.
3. Personal Hygiene.
4. Medical and Special Inspections.
5. Follow Up.
6. Defects and Treatment.
7. Child Guidance Clinic (Psychiatrist's Report).
8. Handicapped Children.
9. Special Tuition.
10. Dental Care (Report of Principal School Dental Officer).
11. Difficult and Problem Families.
12. Employment of Children.
13. Provision of Clothing.
14. School Meals and Milk.
15. Infectious Disease.
16. Tuberculosis.
17. Immunisation.
18. Deaths.

1. STATISTICS

The number of children on the School registers was 6,330 in January and 6,436 by the end of the year. 1,050 children were admitted during the year; the net increase compared with the end of 1952 was 166.

The average attendance of children for the year was 5,887, a percentage of 91·84.

TOTAL NUMBER OF CHILDREN

At Primary Schools	.. .. .	4,070
At Secondary Schools including Grammar Schools		2,293
At Special Schools	.. .. .	73
		<hr/>
TOTAL	..	6,436
		<hr/>

2. SCHOOL HYGIENE

The medical staff with the assistance of the sanitary inspectors continued to maintain vigilance in the matter of general hygiene in the schools and canteens.

3. PERSONAL HYGIENE

Children were, at the commencement of each of the three school terms, inspected for head and general cleanliness by the School Nurses. Those needing attention in connection with personal hygiene were followed up at school and, in many cases, in their own homes.

- | | | |
|---|---------|--------|
| 1. Total number of examinations in the schools by the school nurses | .. .. . | 14,657 |
| 2. Total number of individual pupils found to be infested | .. .. . | 51 |

Of the 51 children found to be suffering from infestation, verminous conditions were present in 8 cases and nit infestation in all cases.

In cases of infestation, parents were seen and given advice regarding prevention as well as treatment. Where parents were unable to deal satisfactorily with the condition, cleansing was carried out at the Authority's cleansing centres. At these centres 27 children made 59 attendances for treatment of verminous conditions and treatment of nit infestation.

The general standard of cleanliness of our school children was again, on the whole, very satisfactory. There were, however, certain families which required close supervision, the number in the year under review being 37.

The following table shows the improvement which has taken place in the state of cleanliness during the past nine years:

<i>Year</i>	<i>No. of Inspections</i>	<i>No. of Cases with Vermin</i>	<i>No. of Cases with Nits only</i>
1945	10,188	48	336
1946	11,927	54	483
1947	12,947	67	413
1948	12,423	46	397
1949	14,325	41	296
1950	14,451	22	174
1951	14,894	18	134
1952	15,833	13	89
1953	14,657	8	51

4. MEDICAL INSPECTION

Periodic Medical inspections of pupils were carried out in the following age groups:

- (a) Every pupil admitted for the first time to a maintained school.
- (b) Every pupil attending a maintained Primary School on attaining the age of ten years.
- (c) Every pupil attending a maintained Secondary School in the last year of his or her attendance.
- (d) Every pupil attending a maintained school on attaining the age of seventeen years.

Total number examined in these age groups was 1,919. A percentage of 5·66 were found to have one or more defects other than dental disease or infestation with vermin requiring treatment.

GENERAL CONDITION OF CHILDREN INSPECTED

An estimate of the child's physical condition at the time of inspection was made and the children classified as follows:

Good condition	1,528 (79·62 per cent.)
Fair condition (satisfactory) ..	387 (20·17 per cent.)
Poor condition	4 (0·21 per cent.)

It must be noted that the method of assessing a child's physical condition depends on the impressions and standards of the examining Medical Officers. Indeed, it would not be possible accurately to determine any child's stage of growth and development and his rate of progress from one brief inspection.

70·8 per cent. of parents were present during routine medical inspections.

SPECIAL INSPECTIONS

These refer to children brought to the notice of School Medical Officers by parents, teachers and school nurses. Time spent on the examination of these children is well used.

Total number of special inspections 1,528

Three thousand, eight hundred and twenty-three further children, who at previous examinations, periodic or special, were noted for follow up, were also seen by the Medical Officers.

In the absence of a parent, a note is sent of any defects found to require treatment and the parent is, at the same time, recommended to seek the advice of the family doctor; a note of the findings of the inspecting Medical Officer is also sent to the child's doctor.

5. FOLLOW-UP

The necessary "follow-up" work in the homes and in the schools is done by the School Nurses:

Number of visits by Nurses to schools	207
Number of visits by Nurses to schools for medical inspection	220
Number of visits to homes of children by Nurses ..	583

6. ARRANGEMENTS FOR TREATMENT

Children who had defects were referred to their family doctor, to hospital for specialist opinion, or to the School Clinics for treatment of minor ailments and other special defects.

MINOR AILMENT CLINICS

Total number of children who attended	875
Total attendances made	1,896
Total number of defects treated	753
<i>Conditions treated were:</i>	
Impetigo	52
Eye Diseases (external)	106
Ear Diseases	41
Other Skin Diseases (boils, septic conditions, etc.)	208
Miscellaneous (sprains, burns, cuts, etc.)	346
	<hr/>
	753
	<hr/>

SKIN CONDITIONS

It is pleasing to note that there were no cases of Ringworm or Scabies attending the Clinics during the year. The Impetigo cases were mostly mild conditions.

PLANTAR WARTS

This troublesome condition was rather prevalent. The affected children attended hospital for treatment. Early discovery is important in this contagious condition. Swimming and communal plimsoles were forbidden.

VISUAL DEFECTS

		<i>New</i>	<i>Re-examinations</i>
No. of cases referred to			
Ophthalmic Clinic ..		205	194
Glasses prescribed		134	115

Children suffering from squint were supervised at the hospital ophthalmic Clinic where orthoptic treatment was given when necessary.

EAR, NOSE AND THROAT DEFECTS

Children suffering from these defects are referred to hospital for examination and treatment. The tonsil cult is now receding well into its normal proportions. More attention is now given to the more serious problems of adenoid obstruction and sinus infection.

ORTHOPAEDIC DEFECTS

Children suffering from Orthopaedic defects both mild and severe are referred to the hospital clinic for the necessary treatment. During the year exercises for postural and foot defects were given to groups of children by third year students from the Chelsea College of Physical Education. Unfortunately, their work was limited by the unsatisfactory flooring in many of the schools. It would be a great saving of the time of children and parents if necessary defect preventive exercises could be given on all school premises.

DISEASES OF THE LUNGS

Coughs, colds and recurrent attacks of bronchitis continued to be prevalent conditions in children of school age. There appeared to be no reduction in the incidence of Asthma, a distressing and disabling illness. It is important that the general health of these children should be supervised by the School Doctor and School Nurse. There is no doubt at all that adequate nutrition, adequate sleep and fresh air can increase resistance to these conditions.

DISEASES OF THE HEART

During the year two children were operated on for congenital heart disease with great improvement in their physical condition. Heart diseases as a result of rheumatic infection appear to be negligible in the school children of this town.

SPEECH DEFECTS

The Speech Therapist held four weekly sessions during school terms and, in addition, two per month for school and home visiting.

One of the weekly sessions was given on the premises of St. Aidan's Day E.S.N. School. It is most important that these children already handicapped, should be taught to speak clearly if possible.

Report of the Speech Therapist

When a child has a speech defect the interest and co-operation of the parents or those in charge of the child are an essential part of the treatment. Throughout the year parents and teachers have been most helpful and the clinic attendance was good.

Number of cases under treatment at beginning of year	21
New cases referred during the year	24
Number of cases under school age who attained school age during the year	—
Number of clinic sessions	168
Number of attendances	762
Number of visiting sessions by Speech Therapist to schools and homes	8
Number of cases discharged	18
Number of cases under treatment at end of year ..	27
Defects treated:	
Deafness	1
Sigmatism (inability to pronounce "s")	7
Dyslalia (defective articulation)	19
Stammer	9
Nasality	1
Delayed Speech	2
Spastic speech	2
Cleft palate	2
Other disorders	2
	—
	45
	==

Discharged:	
Dyslalia—clear speech	14
Sigmatism—clear speech	2
Stammer—much improved	2
	—
	18
	==

During the visits to St. Aidan's School the following cases were treated:

Dyslalia	..	..	..	..	..	..	2
Delayed speech	..	..	..	..	..	..	1
Sigmatism	..	..	..	..	..	..	2
Reading difficulties	..	..	..	..	..	..	1
Deafness	..	..	..	..	..	..	2
							<hr/>
							8
							<hr/>

(Signed) K. HANSFORD,
Speech Therapist.

7. CHILD GUIDANCE CLINIC

It is not generally appreciated that a large part of the work of a Child Guidance Clinic is concerned with the education of the parents.

The proper time to deal with family problems is when they commence. It is known that many of the difficulties of school children and adults have started in the pre-school period. Simple, homely advice given by the appropriate medical adviser at that time would probably have gone a long way in preventing the establishment of bad habits, bad behaviour and much misery to the whole family. By the time the problems are brought to the notice of the School Medical Officer and Psychiatrist hours of work are often necessary to get to the real root of the problem. The diagnosis having been made, many months of patient treatment may be necessary to right the troubles and at times an amelioration of the condition is all that can be hoped for.

It is important that parents of pre-school children should be encouraged to "air their troubles", and important that Doctors and Health Visitors should listen sympathetically, however trivial these troubles may appear to be at the time.

REPORT OF THE PSYCHIATRIST-IN-CHARGE *Statistics relating to Eastbourne Children:*

Number of Sessions	..	..	..	..	..	140
Cases seen:						
Old	..	..	..	..	..	32
New	..	..	..	..	..	65
						<hr/>
						97
Total Attendances	..	..	..	..	..	892
New Cases referred during 1953	..	..	..	..	..	65
Cases treated:						
By Psychiatrist	..	..	..	..	..	52
By Psychologist (excluding those seen by Psychiatrist)						13
						<hr/>
						65

Waiting List:

1st January, 1953	..	..	..	..	..	16
31st December, 1953	..	..	..	..	.	14

Analysis of New Cases:

A. *Source:*

School Health Service	..	..	..	..	54
Parents	..	..	..	..	1
Medical Practitioners	..	..	..	..	9
Other Agencies	..	..	..	..	1
					— 65

B. *Reasons:*

Nervous disorders	..	..	..	..	17
Habit disorders	..	..	..	..	10
Behaviour problem	..	..	..	..	22
Educational and Vocational problem	..	..	..	..	16
					— 65

Analysis of Cases seen during 1953:

A. *By Psychiatrist:*

For Diagnosis	..	..	..	..	46
For Treatment	..	..	..	..	52

(Note.—Three parents were seen by Psychiatrist.)

Number of attendances, 10.

Analysis of Diagnostic Cases:

Diagnosis and advice	..	..	..	..	23
Treatment and case closed	..	..	..	..	4
Under treatment	..	..	..	..	18
Awaiting treatment	..	..	..	..	1
					— 46

Analysis of Treatment Cases:

Satisfactorily adjusted	..	..	..	..	12
Improved	..	..	..	..	10
Still under treatment	..	..	..	..	19
Observation	..	..	..	..	9
Closed—un-co-operative	..	..	..	..	1
Closed—sent to Approved School by the Court	..	..	..	..	1
					— 52

B. *By Psychologist:*

(a) For ascertainment of I.Q.	64
-------------------------------	----	----	----	----	----

Analysis of ascertainment cases:

Advice regarding education	..	..	..	..	9
Vocational guidance	..	..	..	..	1
Personality Test	..	..	..	..	3
Maladjustment	..	..	..	..	50
Emigration	..	..	..	..	1
					— 64

(b) *Coaching Cases:*

Receiving coaching at end of year 1953	..	..	..	..	10
Discharged—satisfactory	..	..	..	..	6
					— 16

(c) Home Visits	..	..	..	..	..	—
School Visits	..	..	..	..	..	1

C. *Psychiatric Social Worker:*

Social Histories	..	..	..	..	..	60
Interviews	..	..	..	..	..	426
School Visits	..	..	..	..	..	29
Home and other Visits	..	..	..	..	..	456

This year we are pleased to be able to report an increase in the turnover of cases, and a slight reduction in the waiting list carried over to the next year. The latter is particularly satisfying in view of the increase in the number of children referred during the year, and the fact that the staff situation at the Hastings Clinic remains unchanged. We have had to continue to make our contributions to help carry on the work there.

There have been no staff changes during the year.

An analysis of the work undertaken by the team during the year is set out above. In addition, we have investigated 13 cases and treated cases on behalf of the County; and our Psychiatric Social Worker, Miss Lomax, has attended 18 Case Conferences at the Marle Place Children's Reception Centre, Burgess Hill.

(Signed) DORIS K. SMALL,

Psychiatrist-in-Charge.

8. HANDICAPPED CHILDREN

The provision of special educational treatment for the handicapped pupil is the duty of the Education Authority. The early ascertainment of such pupils is a most important function of the School Health Service. Health Visitors and the Medical Officers of Child Welfare Centres are aware of the importance of referring these children for special examination and observation in their pre-school years.

Not all handicapped children need to attend Special Schools. With some slight modification of the school curriculum some fit quite happily into the life of the ordinary school.

It is important that pupils attending Special Schools should not lose contact with the society of normal children and that normal children (and therefore adults) should realise that these handicapped children remain one of them. For this reason, pupils attending day and residential schools were re-assessed as frequently as possible to decide their suitability for education in ordinary schools.

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:

<i>Category</i>	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially Sighted ..	3	1	2	—	1	7
Blind	3	—	—	—	—	3
Partially Deaf ..	2	—	—	—	—	2
Deaf	3	—	—	—	—	3
Delicate	—	29	5	—	—	34
Epileptic	1	—	—	—	—	1
Physically Handi- capped	—	9	4	2	2	17
Educationally Sub- normal	2	35	—	—	—	37

EPILEPTICS

There are eight children who are known Epileptics attending ordinary schools in the town (not on the Register of Handicapped pupils).

The Education Authority maintains one Open-Air Day School for Delicate and Physically Handicapped Pupils and one Day School for Educationally Sub-normal Pupils.

ST. AIDAN'S SPECIAL DAY SCHOOL FOR E.S.N. PUPILS

	<i>Boys</i>	<i>Girls</i>
Number on Roll, January	28	7
Admissions	5	2
Leavers	5	2
Number on Roll, December	28	7

Of the 5 boys who left:

One left to attend a private school.

Four left to take up employment (2 of whom were notified to the Local Health Authority).

Two girls left to take up employment (1 was notified to the Local Health Authority).

MISS E. M. WILKES, Head Teacher, reports:

All the children in the School received a Cookery and Housewifery lesson each fortnight. Three of our older pupils took part in a public cookery competition.

Physical Training. We are grateful to Mr. Roberts for introducing and equipping the school with the Shropshire apparatus which has proved of valuable assistance in the Physical Training of these children. It is a collapsible climbing frame which can be used as netball posts.

Swimming. During the summer months, sixteen of our boys and girls attended the Old Town Swimming Baths for swimming instruction once a week. This proved a popular and healthy interest. The style and endurance of the seven older boys who could already swim a little was improved. Of the non-swimmers, two boys succeeded in swimming two lengths.

During the summer holidays thick linoleum was laid on the concrete floor of the hut which not only improved the appearance of the room but made it much warmer during the severe winter weather.

Dr. Parnham (Her Majesty's Inspector) visited the school on 28th October, 1953.

On 16th December, 1953, Members of the Committee and parents were invited to an Open Day and were entertained by the children. Items included carol singing, a musical show and plays. All costumes and "props" were made by the pupils in handwork lessons. Articles made by the children were sold and many visitors and parents expressed pleasure at the high standard of work produced.

We are pleased to hear that the two boys who have recently been transferred to a Secondary School are doing so well.

EDUCATION ACT, 1944, SECTION 57

Children notified to the Local Health Authority:

Under Section 57 (3)	..	..	..	..	..	1
Under Section 57 (5)	..	..	..	..	..	4

OPEN AIR DAY SCHOOL. Beechy Avenue, Eastbourne.

Forty-seven children were on the register of the Open-Air School at the beginning of the year and were classified as follows:

Delicate	..	..	..	..	..	37
Physically Handicapped	..	..	..	..	..	10
The children who left were placed as follows:						
Transferred to ordinary schools	..	..	..	..	..	15
Transferred to private schools	..	..	..	..	..	1
School Leavers	..	..	..	..	..	3
						19
Number of admissions..	..	..	..	..	..	11

The average duration of stay was twenty-five months.

The number of children on the register at the end of the year was 39:

Delicate	..	..	..	..	..	29
Physically Handicapped	..	..	..	..	..	9
Partially Sighted	..	..	..	..	..	1

MISS B. A. PAYNE, Head Teacher, reports:

Numbers at the Open-Air School have been small during the past year, but the children attending have all been those who need such a school, and who have benefited physically and educationally by being here.

A very keen gardening class is held, and produce from the school gardens adds interest to our school meals.

The seniors also enjoy weaving, lino-printing, basketry and other crafts.

Remedial exercises for selected children are given by students from Chelsea College of Physical Education, who also take dancing lessons each week.

A swimming class has recently been formed for children recommended by the School Medical Officer. The value of this class is very great both psychologically and physically. Inhibited, nervous children have responded remarkably, and the physically handicapped are delighted to find an activity in which they can take an equal part with others. This success is due to the interest and enthusiasm of Mr. Roberts, the Organiser of Physical Education, who takes the class himself and who adds to the thrill of the more severely handicapped children by taking them to and from the Baths in his car.

The parents are taking a greater interest in the school, and attendance at school plays and Open days is large and appreciative.

9. SPECIAL TUITION (HOME AND HOSPITAL)

Two children who, by reason of ill-health or physical defect, were unable to attend school were provided by the Authority with special tuition. They were:

Boy—aged 7 years, suffering from Haemophilia—tuition provided at home.

Boy—aged 7 years, suffering from Congenital Heart Disease—tuition provided at home.

Thirteen children received education while in Hospital Special Schools:

	<i>Males</i>	<i>Females</i>
Haldane House, Bexhill-on-Sea	1	2
Victoria Home for Invalid Children, Margate	1	—
Goldie Leigh Hospital School, Abbey Wood	1	—
Royal Sea Bathing School, Margate ..	1	1
Royal National Orthopaedic Hospital, Stanmore	—	2
Queen Mary's Hospital for Children, Carshalton	1	—
Heritage Craft Schools, Chailey	—	1
Pembury Hospital School	—	1
Tadworth Court Hospital	1	—
	<hr/> 6	<hr/> 7

10. DENTAL CLINIC

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER SESSIONS

The number of sessions devoted to inspection and treatment were:

Principal School Dental Officer	..	..	..	472
School Dental Officer	..	..	..	308
				<u>780</u>

Of these, 44 sessions were devoted to routine inspections and 736 to treatment.

In addition, the Orthodontic Specialist carried out 42 sessions.

GENERAL SERVICES

At the 44 sessions devoted to periodic inspection, 5,962 children were seen in the following age groups:

Age ..	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
<i>Inspected</i>	82	506	721	615	552	623	568	514	445	477	481	243	102	28	5	5,962

At the request of parents, a further 394 children were inspected at the Clinic. Of the 6,356 children inspected, 3,415, a percentage of 53·73, were found to require treatment. The number of sessions devoted to treatment was 736, and 2,342 children made 7,080 attendances.

The following is a summary of the treatments given:

Fillings:

Permanent teeth	..	..	..	..	..	2,454
Temporary teeth	..	..	..	..	..	231
						<u>2,685</u>

Number of teeth filled:

Permanent teeth	..	..	..	..	..	1,957
Temporary teeth	..	..	..	..	..	201
						<u>2,158</u>

Extractions:

Permanent teeth	..	..	..	..	..	698
Temporary teeth	..	..	..	..	..	2,557
						<u>3,255</u>

Administration of General Anaesthetics	..	..	1,633
Other operations:			
Permanent teeth	..	..	3,986
Temporary teeth	..	..	803
			<hr/>
			4,789
			<hr/>

The anaesthetic in use is Nitrous Oxide and Oxygen from a Walton apparatus.

ORTHODONTIC TREATMENT

Forty-two clinic sessions were held throughout the year at the Central Dental Clinic, and 101 children made 781 attendances.

Number of cases under treatment at the beginning of the year	..	..	..	..	..	64
New patients	..	..	..	..	..	37
Treatment completed	..	..	..	..	..	27
Left school and treatment not completed	..	..				3
Failed to complete treatment	..	..	..			8
Number of cases under treatment at end of year						63
Number awaiting treatment at end of year	..					20

Some orthodontic treatment was given at the ordinary dental clinics and 659 attendances were made by 64 children.

Dentures were supplied to 28 children.

During the year, routine dental inspections were carried out at all the schools maintained by the Authority. At these inspections, 5,962 children were examined. These, together with the 394 special applications for treatment, made a total of 6,356 children seen, of whom 3,415 were found to require treatment, and 2,342 were actually treated.

Treatment was mainly provided at the Dental Clinic at Avenue House, but in order to avoid loss of school time, conservative work was carried out on the school premises in the cases of Hampden Park Secondary, Highfields Primary and Swallows' Nest. Cases from these schools requiring a general anaesthetic for extractions were referred to the Avenue House Clinic.

The very slight increase (4 per cent. compared with the previous year) in the numbers referred for treatment is at the present stage of little significance, but it may possibly tend to increase further in the future in view of some of the recent findings in research carried out on the incidence of dental caries. It has been shown that in countries under German occupation during the war, the amount of dental disease amongst children decreased considerably. The diet consumed in these countries during that time was of the simplest nature, consisting mainly of bread, coarse and hard, of meat, tough and stringy, a minimum amount of sugar and no additions in the way of "sweets." However, since the end of the war, with a gradual increase in variety and refinement of available foodstuffs,

has also come a gradual increase in dental caries. In this country, food was never reduced to such a primitive level, but even so, many school dental officers are beginning to feel that, with the "improvement" in our diet, the abolition of sweet rationing and the re-introduction of the new white bread, we shall now begin to see a sharp rise in the caries rate. It has been proved beyond all doubt that dental caries is a product of the progress of civilisation, and while it is neither possible nor desirous to halt this progress, it is essential that the dental profession should do all in its power to counteract the deleterious effect on the teeth of the modern diet. In our contact with the school population, particular attention is given to oral hygiene, but even more important still is the diet factor, and the great emphasis which must be made on the vigorous use of our teeth and jaws on the right sort of food.

Although 69 per cent. of those referred for treatment were actually treated, the acceptance rate remained at the high level of 80 per cent., the 11 per cent. difference, owing to pressure of work, being carried over for treatment into the ensuing year.

Routine inspections occupied 44 sessions and 736 sessions were devoted to treatment. Two thousand, four hundred and fifty-four fillings were inserted into permanent teeth and 231 into temporary teeth. Extractions totalled 3,255, of which 698 were permanent teeth. The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen, and this anaesthetic was administered in 1,633 cases.

To replace the loss of permanent teeth, usually the upper front teeth damaged beyond repair in accidents, 28 artificial dentures were constructed.

Mr. Norman Gray, the visiting orthodontic specialist, held 42 clinics during the year, assisted by his partner, Mr. G. Griffiths, and also by Miss Jean Oswald, the School Dental Officer. One hundred and one children were treated at these special orthodontic clinics and made 718 attendances. The demand for this type of treatment is heavy, and I consider that here in Eastbourne we are extremely fortunate in being able to offer our patients expert specialist treatment in this particular branch of dentistry.

Sixty-four children, suffering from mal-occlusion of a less serious nature, received orthodontic treatment during the ordinary clinics.

In a final survey of the year's work in the dental department, it can be said that the general dental condition of the school children is quite satisfactory, but that, as shown by the findings at routine dental inspections, constant surveillance is essential, if a high standard of dental health and oral hygiene is to be maintained.

(Signed) M. G. BERRY,
Principal School Dental Officer.

II. DIFFICULT AND PROBLEM FAMILIES

(a) The conditions under which 37 families were living were sufficiently unsatisfactory to justify the continued attention of School Nurses, Welfare Workers and other officers of the Department. In the case of 9 of these families, conditions were at times most unsatisfactory and considerable time and attention was devoted to them.

(b) THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.—Mr. S. Clements, the local Inspector, assisted the Department in 15 cases involving 38 children, of whom 21 were of school age. One hundred and two visits were paid to these families. The cases were classified as:

General Neglect	..	..	..	..	..	10
Advice and help sought	..	..	..	..	..	4
Ill treatment	..	..	..	..	..	1
						<hr/>
						15
						<hr/>

The Inspector also dealt with 79 other families. Of 148 children in these families, 91 were of school age.

The classifications were:

General Neglect	..	..	..	..	..	31
Advice and help sought	..	..	..	..	..	38
Abandonment	..	..	..	..	..	1
Ill-treatment	..	..	..	..	..	6
Beyond control	..	..	..	..	..	3
						<hr/>
						79
						<hr/>

The number of visits paid to these families was 430.

(c) JUVENILE CRIME.—The Chief Constable, Mr. Norman Frost, has kindly supplied the following statistics:

						<i>Males</i>	<i>Females</i>
Sent to Approved Schools	..	..	..	..	..	5	1
Fined	..	..	..	..	..	4	—
Probation	..	..	..	..	..	23	3
Convicted—absolute discharge	..	..	..	..	..	2	—
Convicted—conditional discharge	..	..	..	..	..	2	1
Dismissed	..	..	..	..	..	1	—
						<hr/>	
						37	5
Cautions	..	..	..	..	..	37	7
						<hr/>	
						74	12
						<hr/>	
						86	
						<hr/>	

12. EMPLOYMENT OF CHILDREN

In connection with these Byelaws, 82 children were examined and the necessary certificates provided.

The Department continued to co-operate closely with the Youth Employment Service and 344 medical reports were sent at the end of each term to the Youth Employment Officer on children leaving school, including 3 handicapped children.

13. PROVISION OF CLOTHING

EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948, SECTION 5.

Various articles of clothing were supplied by the Education Authority to 55 children from 24 families. Many articles of clothing were also obtained from voluntary sources, mainly the Women's Voluntary Services.

14. SCHOOL MEALS AND MILK

The standard of school meals provided during the year was high and I am certain that great benefit was conferred upon the school community by the existence of this service. This fact is, however, a reproach to the adequacy and quality of the meals provided in many homes. A communal meal, however well prepared, can never be as valuable as the same food properly served in the home surroundings by the parent.

Similarly the undoubted value of school milk to many children testifies to the inadequacy of the other meals provided in the home. It has been demonstrated to my satisfaction that children provided with an adequate breakfast and midday meal do not require mid-morning milk. Indeed, when taken, the appetite for the midday meal is often impaired.

It is appreciated of course that economic circumstances may limit the standard of the meals provided at home, but I am convinced that more education is required to encourage parents to make the best possible use of the family resources.

Miss M. B. Clarke, successor to Miss E. C. Mulcaster, Organiser of Schools Meals, who retired in September, writes:

HOT MID-DAY MEALS. Of a total of 575,032 served, 57,194 were granted free. In the previous year of the 620,953 meals served, 71,240 were granted free. This decrease is, in some measure, due to the raising of the price of the meal from 7d. to 9d. in March 1953.

The following table shows the number of children taking meals and milk in school on a given day in October. (Figures in brackets are those for the previous year.)

Date	PRIMARY AND SECONDARY DEPARTMENTS					
	MEALS				MILK	
	No. of Children in Schools	Free	Paid	Percentage taking Meals	Total taking Milk	Percentage taking Milk
October	6,144	306	2,734	49.4% (56.5%)	5,103	83.0% (84.2%)

HOLIDAY MEALS. Meals were served during the three school holiday periods:

<i>Victory British Restaurant</i>						
Easter ..	..	..	..	..	..	934
Summer ..	..	..	..	..	..	2,347
Christmas ..	..	..	..	..	..	884
						<u>4,165</u>

15. INFECTIOUS DISEASE

Notifications of infectious disease relating to children of school age were:

Acute Pneumonia ..	..	..	..	..	..	3
Dysentery ..	..	..	..	..	..	10
Food Poisoning ..	..	..	..	..	..	1
Measles ..	..	..	..	..	..	522
Scarlet Fever ..	..	..	..	..	..	55
Whooping Cough ..	..	..	..	..	..	56
						<u>647</u>

I am pleased to report that there were no cases of Poliomyelitis in children of school age.

16. TUBERCULOSIS

Five school children between the ages of 5 to 15 years were notified as suffering from Pulmonary Tuberculosis (2 boys and 3 girls).

School children contacts of notified cases of Tuberculosis attend the Chest Clinic for regular supervision by the Chest Physician.

17. DIPHTHERIA IMMUNISATION

The records received of children between the ages of 5 and 15 years show that the following were immunised:

	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Totals</i>
Primary Immunisation	28	6	34
Reinforcing Doses ..	701	100	801

According to our school medical records at the end of the year, 5,730 children out of 6,436 on the school registers had been immunised, giving a percentage of approximately 89.

18. DEATHS OF SCHOOL CHILDREN

One boy aged six years died during the year. The cause of death was Lympho-sarcoma.

MINISTRY OF EDUCATION MEDICAL INSPECTION RETURNS

Year ended 31st December, 1953
Local Education Authority: EASTBOURNE

Form 8.M.(i)

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

(This return refers to a complete calendar year)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:

Entrants	636
Second Age Group	558
Third Age Group	576
Total	1,770
Number of other Periodic Inspections	149
Grand Total	1,919

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	1,528
Number of Re-inspections	..	..	..	3,823
Total	..	..	..	<u>5,351</u>

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants	7	25	31
Second Age Group ..	11	17	28
Third Age Group ..	23	20	42
Total (prescribed groups)	41	62	101
Other Periodic Inspections	4	4	7
Grand Total	45	66	108

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1953

Note.—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	PERIODIC INSPECTION:		SPECIAl INSPECTION:	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	3	125	50	1
5	Eyes— <i>a.</i> Vision	*45	221	145	23
	<i>b.</i> Squint	12	56	7	—
	<i>c.</i> Other	5	52	37	4
6	Ears— <i>a.</i> Hearing	3	43	5	7
	<i>b.</i> Otitis Media ..	3	22	4	—
	<i>c.</i> Other	2	10	19	—
7	Nose or Throat	7	312	59	21
8	Speech	3	29	13	5
9	Cervical Glands	—	211	—	1
10	Heart and Circulation ..	—	34	8	2
11	Lungs	—	75	24	8
12	Developmental—				
	<i>a.</i> Hernia	1	20	—	—
	<i>b.</i> Other	—	52	14	9
13	Orthopaedic—				
	<i>a.</i> Posture	10	58	5	3
	<i>b.</i> Flat foot	—	34	11	5
	<i>c.</i> Other	2	216	24	4
14	Nervous system—				
	<i>a.</i> Epilepsy	—	5	—	2
	<i>b.</i> Other	—	12	14	5
15	Psychological—				
	<i>a.</i> Development ..	—	18	3	3
	<i>b.</i> Stability	3	67	37	3
16	Other	12	76	196	19

Note.—* This figure should normally be equal to that shown as the grand total of Column (2) ("For defective vision (excluding squint)") of Table I.C.

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS (See
Note on Table I)

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	636	507	79·72	127	19·97	2	0·31
Second Age Group ..	558	445	79·75	112	20·07	1	0·18
Third Age Group ..	576	456	79·17	119	20·66	1	0·17
Other Periodic Inspections	149	120	80·54	29	19·46	—	—
Total ..	1919	1528	79·62	387	20·17	4	0·21

Note.—The figures in Column (2) should normally equal those detailed under Table I.A.

TABLE III
Infestation with Vermin

Notes.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 14,657
- (ii) Total number of *individual* pupils examined .. —
- (iii) Total number of *individual* pupils found to be infested 51
- (iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) —
- (v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) —

TABLE IV
Treatment of Pupils attending Maintained Primary Schools and
Secondary Schools (including Special Schools)

Notes.—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

(N.B.—The information asked for in this table falls into these two Divisions (a) and (b), except in Group 5 (Child Guidance Treatment).)

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

					<i>Number of cases treated or under treatment during the year</i>	
					<i>by the Authority</i>	<i>otherwise</i>
Ringworm—(i) Scalp	..	..	..	..	—	—
(ii) Body	..	..	..	..	—	—
Scabies	..	..	..	..	—	—
Impetigo	..	..	..	..	52	—
Other skin diseases	..	..	..	..	208	148
Total	..	..	..	..	260	148

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

					<i>Number of cases dealt with</i>	
					<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	..	..	..	..	106	70
Errors of refraction (including squint)	..	..	..	..	—	472
Total	..	..	..	..	106	542
Number of pupils for whom spectacles were:						
(a) Prescribed	..	..	..	..	—	249
(b) Obtained	..	..	..	..	—	Information not available

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment:		
(a) for diseases of the ear	—	6
(b) for adenoids and chronic tonsilitis ..	—	164
(c) for other nose and throat conditions ..	—	2
Received other forms of treatment ..	41	227
Total	41	399

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	—	9
	<i>by the Authority</i>	<i>otherwise</i>
(b) Number treated otherwise, e.g., in clinics or out-patient departments ..	—	92

GROUP 5.—CHILD GUIDANCE TREATMENT

	<i>Number of cases treated</i>	
	<i>in the Authority's Child Guidance Clinics</i>	<i>elsewhere</i>
Number of pupils treated at Child Guidance Clinics:		
By Psychiatrist	75	—
By Psychologist only	9	—
Total	84	—

GROUP 6.—SPEECH THERAPY

	<i>Number of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Number of pupils treated by Speech Therapists	45	—

GROUP 7—OTHER TREATMENT GIVEN

	<i>Number of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
(a) Miscellaneous minor ailments ..	154	—
(b) Other than (a) above:		
1. Appendicitis	—	82
2. Fractures	—	8
3. Minor Injuries	179	688
4. General Debility	—	4
5. Other	—	270
Total	333	1052

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:							
(a) Periodic .. .. .	..	..	..	..	..	..	5,962
(b) Specials .. .. .	..	..	..	..	..	..	394
						Total (1)	6,356
(2) Number found to require treatment .. .. .	..	..	..	..	..	..	3,415
(3) Number referred for treatment .. .. .	..	..	..	..	..	..	3,415
(4) Number actually treated .. .. .	..	..	..	..	..	..	2,342
(5) Attendances made by pupils for treatment .. .. .	..	..	..	..	..	..	7,080
(6) Half-days devoted to: Inspection .. .. .	..	..	..	..	..	..	44
Treatment .. .. .	..	..	..	..	..	..	736
						Total (6)	780

(7) Fillings:	Permanent Teeth	..	..	..	..	2,454
	Temporary Teeth	..	..	..	..	231
Total (7)						<u>2,685</u>
(8) Number of teeth filled:	Permanent Teeth	..	..	..	..	1,957
	Temporary Teeth	..	..	..	..	201
Total (8)						<u>2,158</u>
(9) Extractions:	Permanent Teeth	..	..	..	..	698
	Temporary Teeth	..	..	..	..	2,557
Total (9)						<u>3,255</u>
(10) Administration of general anaesthetics for extraction					..	1,633
(11) Other operations:	Permanent Teeth	3,986
	Temporary Teeth	803
Total (11)						<u>4,789</u>

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